



Fire System Permit Application

The Village of Oak Park
123 Madison Street
Oak Park, Illinois 60302-4272
www.oak-park.us

708.358.5430
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Building & Property Standards Department

1. Address/Owner Information

Project Address _____		Unit No. _____	Property Index Number _____ ()
Property/Building Owner's Name _____		Property/Building Owner's Phone Number _____ ()	Property/Building Owner's Cell Phone Number _____
Property/Building Owner's Mailing Address _____		Property/Building Owner's Email _____	

2. Primary Structure Use <i>(Check only one)</i> <input type="checkbox"/> Single-Family (detached) <input type="checkbox"/> Commercial <input type="checkbox"/> Single-Family (attached) <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Two-Family <input type="checkbox"/> Public <input type="checkbox"/> Three-Family <input type="checkbox"/> Four-Family <input type="checkbox"/> Five-Family or more	3. Type of System <i>(Check all that apply)</i> <input type="checkbox"/> Fire Sprinkler (Water based) <input type="checkbox"/> Standpipe <input type="checkbox"/> Fire Suppression (Non-Water based) <input type="checkbox"/> Fire Alarm	4. Type of Work <i>(Check only one)</i> <input type="checkbox"/> New System <input type="checkbox"/> Modify Existing System <hr/> 5. Plans are... <input type="checkbox"/> approved prior to this application <input type="checkbox"/> being provided with this application <input type="checkbox"/> not being provided
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6. Project Description

7. Contractor Information

Fire System Contractor's Company Name _____	License number of the company _____
Fire System Contractor's Company Address _____	
Sub-Contractor's Company Name _____	License number of the company _____
Sub-Contractor's Company Address _____	

8. Applicant Information

I, the undersigned, certify that I have proper authority to apply for this permit and that all the information contained on this application is true and accurate to the best of my knowledge.

Applicant's Signature _____	Applicant's Printed Name _____	Date of Application _____
Applicant is— <input type="checkbox"/> Building/Property Owner listed above <input type="checkbox"/> Owner of Company listed above <input type="checkbox"/> Employee of Company listed above		
<input type="checkbox"/> Other—(describe) _____		

Case Number: FIR _____	Received by: _____	Received Date: _____	Office Use Only
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