



Permit # _____

CITY OF ALBANY
DIVISION OF BUILDING & CODES
ROOM 303 - CITY HALL
24 EAGLE STREET
ALBANY, NY 12207
PHONE: (518) 434-5165
Fax: (518) 434-6015

CONTRACTOR MUST COMPLETE

Fire Alarm Permit Fee _____

Surcharge _____

Total Collected _____

\$100.00 per floor plus 1% surcharge

FIRE ALARM PERMIT APPLICATION

FILL OUT COMPLETELY & LEGIBLY

All projects are subject to rough and final inspections with permit number and correct address -
Please call (518) 434-5165 for inspections.

Date of Application _____ Estimated Cost: _____

Fire Alarm License Number _____

Contact Person _____ Phone # _____

SEPARATE APPLICATION MUST BE FILED FOR EACH SEPARATE BUILDING

Address of Work _____

Cross Streets _____ Suite or Floor _____

Owner _____

Address _____

City _____ State _____ Zip _____

Phone () _____

PRINT NAME AND ADDRESS OF LICENSE HOLDER

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Signature of License Holder _____ Date _____

Insurance Requirements

With Employees: ACCORD Form Workers' Compensation: Workers' Disability

Without Employees: ACCORD Form CE-200

State **exact** fire alarm work to be done at this address - this information is mandatory to the acceptance of this application, items left blank will result in the return of this application:

*** YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE WITH APPLICATION ***
ALL APPLICANTS MUST BE INSURED WITH THE CITY OF ALBANY LISTED AS ADDITIONALLY INSURED.