

## UNIVERSITY OF OKLAHOMA DEPARTMENT OF RISK MANAGEMENT OFFICE OF THE FIRE MARSHAL

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## FIRE ALARM, SPRINKLER & ALTERNATIVE EXTINGUISHING SYSTEMS PERMIT

Type of System Review Applying for: _				
Project Location:				
Contractor:				
Contractor Address:				
Phone Contact Information:	ormation: Cell Phone #			
E-Mail:	Certification	ons:		
State License#				
Building Information				
Occupancy Classification:				
Square Footage of Project Area:	Numb	er of floors:	<del></del>	
Specify Whether New Installation, Ren	nodel or Addition:			
Fire Alarm System Information	n			
Manufacturer of System:Mo			Model	#
Is the System Monitored? If	So, By Whom?			
# Of Smoke Detectors: # Of H	leat Detectors:	_ # Of Audio/Visual De	evices:	_ # Of Manual Pulls:
# Of Other Types of Detection:				
Other Building Systems Monitored By	The Fire Alarm Syste	em:		
Sprinkler System Information				
Type of Sprinkler System:				
No. of Risers: Hazard Type	(s):			
Water Supply Information: Static Pres				
Fire Pump Manufacturer:			Model # _	
Rated Capacity:	GPM at		PSI	
Alternative Extinguishing Sys	tem Information			
Type of System:			Conr	nected To Fire Alarm?
Manufacturer:			Model # _	
Area Being Protected:				
Size Of System (s)? Manual Pulls?				
Review Status:				
Permit #				
Signed:				