



# Town of Pembroke

PO Box 866  
Pembroke, NC 28372  
PHONE #: 910-521-9758  
FAX #: 910-521-0472

## FIRE ALARM SYSTEM PERMIT APPLICATION

### CONTRACTOR REQUESTING PERMIT

NAME: \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_  
LICENSE NUMBER \_\_\_\_\_

### OWNER/BUSINESS INFORMATION

BUSINESS NAME \_\_\_\_\_ PROJECT ADDRESS \_\_\_\_\_  
PROPERTY/BUSINESS OWNER \_\_\_\_\_ CONTACT # \_\_\_\_\_

### PERMIT INFORMATION

Robeson County Building Permit Number \_\_\_\_\_ Type of Occupancy based on NC Fire Prevention Code \_\_\_\_\_  
Total square footage of project \_\_\_\_\_ Number of Stories \_\_\_\_\_ Basement Yes No \_\_\_\_\_  
Type of Work: New Construction \_\_\_\_\_ Alteration \_\_\_\_\_ Addition \_\_\_\_\_ Tenant Upfit \_\_\_\_\_ Change Panel \_\_\_\_\_ \*Component  
Alteration \_\_\_\_\_

*\*Note: Component Alteration is a no charge permit for moving six or less existing devices. Not applicable for any new equipment or for changing out a panel. Approved permit application can be used for approval of scope of work requested and to obtain an electrical permit for NHCIO Inspections.*

**Complete Description of Work** \_\_\_\_\_

### Monitoring Information

Robeson County and the Town of Pembroke require UL certification according to Section 903.4 of the NC Fire Prevention Code. To obtain a permit for a fire alarm system for a building requiring a fire sprinkler, the permit applicant must have a UL certificate in place prior to a Certificate of Occupancy or Compliance. A letter is also required from the UL provider stating that any alterations or additions to the fire alarm system have been approved and a copy must be submitted with this permit application.

**Is the building monitored by a fire alarm system requiring a UL certificate? Yes No**

If yes, Provider is \_\_\_\_\_

### Additional Information

Permit applications and plans submitted are typically reviewed on a first come, first served basis. Based on the current workload the review process may take up to two weeks.

**ALL FIRE ALARM PLANS SUBMITTED MUST FOLLOW THE FIRE ALARM PLAN REVIEW REQUIREMENTS POLICY.**

The undersigned hereby makes application for a permit and the inspection of all work described above and hereby agrees to comply with all building regulations and other laws applicable to the use and type of construction of the building referred herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE BELOW THIS LINE

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Permit # \_\_\_\_\_