



# LANCASTER FIRE DEPARTMENT FIRE ALARM PERMIT APPLICATION



**Residential Fee: \$25**  
**Commercial Fee: \$100**

**OFFICE USE ONLY**

Issue Date: \_\_\_\_\_ Permit No.: \_\_\_\_\_ Invoice No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Account ID.: \_\_\_\_\_ Occupancy ID: \_\_\_\_\_ Processed By: \_\_\_\_\_

Original     Data Change     Renew Permit     Suspension

**Knox Boxes Are Required for All Commercial Buildings**

Name of Business/Resident: \_\_\_\_\_

Physical Address of Alarm Site: \_\_\_\_\_

Phone Number at Alarm Site: \_\_\_\_\_ Secondary Phone No.: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Alarm Type:     Residential     Commercial

**Alarm is Activated By  
(Check all that Apply):**

- Smoke Detector       Beam Detector
- Heat Detector         Ansul System
- Fire Sprinkler        Manually Activated Pull
- Contact Points-Perimeter

**Alarm Installation Information:**

Company Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**Person/Business Responsible for Maintenance  
of Alarm System:**

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**Contact Persons: Must have access to premises and alarm, with a 30 minute response time to alarm site.**

**(Minimum two persons needed for contact)**

Contact Name	Primary Phone Number	Secondary Phone Number

I have read the completed application and know the same to be true and correct. I hereby agree that if a permit is issued, I will comply with all provisions of Lancaster Ordinances and State Laws. I understand that I will be responsible for payment of all fees and charges and any civil action which may arise from the operation of this alarm system.

*Please notify the Fire Department immediately of any changes to this Fire Alarm Permit.*

**PERMITS ARE VALID ONE (1) YEAR FROM ISSUE DATE AND MUST BE RENEWED TEN (10) DAYS BEFORE EXPIRATION.**

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