

***City of Seguin***  
***Fire Marshal's Office***  
***660 S. Hwy 46, Seguin Texas 78155***  
***(830)401-2312 Fax (830)401-2772***

ALARM SYSTEM APPLICATION  
FOR PERMIT

ADDRESS \_\_\_\_\_

JOB NAME \_\_\_\_\_

OWNER \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

DESIGNATED REPRESENTATIVE \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

TYPE OF ALARM;                   \_\_\_ Fire Alarm, \_\_\_ Other

INSTALLATION AREA;           \_\_\_ Entire Building, \_\_\_ Portion of Building  
                                      \_\_\_ HVAC System, \_\_\_ Smoke Control System,  
                                      \_\_\_ Other

JOB TYPE;                       \_\_\_ New Installation, \_\_\_ Modification, \_\_\_ Repair  
                                      \_\_\_ Replacement, \_\_\_ Other

NUMBER OF INITIATING DEVICES \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date