



PLANNING AND DEVELOPMENT SERVICES

BOISE CITY HALL: 150 N. CAPITOL BLVD | MAIL: PO BOX 500, BOISE, ID 83701-0500
CITYOFBOISE.ORG/PDS | P: 208-608-7070 | F: 208-384-3753 | TTY/TTD: 800-377-3529

Record No.:

For Office Use Only

601-602-Fire Alarms

601 – Fire Alarm Application 602 – Fire Alarm Quick Permit

Address

Street No.: Direction: Street Name: Street Type: Unit Type: Unit No.:

City: State: Zip Code: Zoning District:

Parcel Number: Additional Parcel Numbers:

Applicant Information Primary Contact

First Name: Last Name: Company:

Address: City: State: Zip Code:

Email: Main Phone: Cell Phone:

Representative Information Primary Contact Same as Applicant?

First Name: Last Name: Company:

Address: City: State: Zip Code:

Email: Main Phone: Cell Phone:

Owner Information Primary Contact Same as Applicant?

First Name: Last Name: Company:

Address: City: State: Zip Code:

Email: Main Phone: Cell Phone:

Project Information

Project Name (if applicable):

Scope of Work:

Project Details

Please fill out the questions below with as much accurate information as possible. For questions on specific fields, please view the instructions under the (?) Help icon.

If this permit application is associated with an active permit but you do not know the Permit Number (BLD00-00000 or GRD00-00000), please use our [Search page](#) to look up active permits by address or parcel.

Associated Records

Is there an active permit associated with this Fire Alarm permit?: - Providing an associated permit number will link the two permits together for ease of tracking, fee payment, and project management.

Yes No

Associated Permit Number: - If you do not know the Permit Number (in the form of BLD00-00000 or GRD00-00000), please Search for the number prior to submitting. Please enter only 1 (one). Additional numbers can be added into the Scope of Work.

General Information

Jurisdiction:

Boise City North Ada County Garden City
 Sunset

Account Number: - This number is often provided to contractors and subcontractors by larger companies (i.e. Micron, St. Luke's Medical, etc.) to assist in tracking their construction projects. If you do not have an account number, please leave this field blank.

Type of Use:

Commercial Daycare Education Hotel
 Industrial Medical Office/Hospital Motel
 Multiple Family Dwelling Office
 Public/Government Religious
 Single Family Dwelling Carport Garage
 Storage

Type of Work:

Alteration New Repair Addition

Total Building Area: - Sq.Ft.

Number of Stories:

Fire Alarm System Present:

Yes No

Number of New Alarm Initiating Devices:

Number of Existing Alarm Initiating Devices:

Building is Fully Sprinklered:

Full No Partial

Location of Sprinklers:

Ceiling Height(s): - Ft. In. - If the space being worked in has more than one ceiling height, please list each height (ft. and in.) separated by a comma.

Building Has Storage Racks or Shelves:

Yes No

Anticipated Maximum Storage Height: - Ft. In.

Alarm Designer Name:

Alarm Designer NICET Number:

Special Inspections:

Building Stories

Provide the square footage and occupancy information for each story of each building.

Story	Basement	Existing Square Footage	New Square Footage	Total Square Footage
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Building Occupancy

List each occupancy classification for the building and indicate which floors the occupancy applies to.

Occupancy Group	Occupant Load	Floor Load	Applicable Building Stories

Required Documentation and Drawings

Please complete the appropriate Submittal Checklist.

- [New Fire Alarm Submittal Checklist](#)
- [New Fire Alarm Quick Permit Submittal Checklist](#)

By signing below:

1. The undersigned is the owner of the indicated property or acting as the owner's authorized representative.
2. The undersigned declares that the above provided information is true and accurate, and acknowledges that failure to provide true and accurate information may result in rejection of this application, possible revocation of the permit where wrongfully issued and subject the undersigned to any applicable penalties.

Print Authorized Representative or Owner's Name

Authorized Representative or Owner's Signature

Date