



**Sellersburg Building Commission**  
**103 S New Albany St**  
**Sellersburg, IN 47172**  
**P: 812-246-3821, ext 227**  
**E: permitting @sellersburg.org**

**FIRE DETECTION PERMIT APPLICATION**

*I hereby certify that I am the owner of record or the owner of record authorizes the proposed work and that I have been authorized to make this application as their authorized agent. I understand that any false or inaccurate information on this application or the approved plans may result in revocation of the permit under Indiana Administrative Code. No deviation of the approved plan is allowed without approval by this office.*

\_\_\_\_\_  
 Signature of Owner or Agent

\_\_\_\_\_  
 Date

**Location:** \_\_\_\_\_ **Subdivision Name:** \_\_\_\_\_ **Lot #** \_\_\_\_\_  
(street address is required for all applications) (If applicable) (If applicable)

**Please provide a brief description of your project below:**

**Estimated Cost:** \$ \_\_\_\_\_ **Square Footage:** \_\_\_\_\_ **Permit Fee:** \$ \_\_\_\_\_  
(Do not include Electrical, Plumbing, HVAC or Land.) (Total Square Footage of Project)

**Applicant:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicant Type:**  Architect  Engineer  Contractor  Other

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Detailed Information**

Are NFPA Standards used in the design?  YES  NO

- Alarm Initiating Devices**
- Manual
  - Smoke Detectors
  - Duct Detectors
  - Heat Detectors
  - Water Flow
  - Tamper Switch

- Alarm Indicating Devices**
- Horns
  - Speakers
  - Visuals
  - Bells
  - Voice
  - Other

**Number of Zones:** \_\_\_\_\_

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Central Station | <input type="checkbox"/> NFPA 71 |
| <input type="checkbox"/> Proprietary     | <input type="checkbox"/> NFPA 72 |
| <input type="checkbox"/> Remote Station  | <input type="checkbox"/> NFPA 72 |
| <input type="checkbox"/> Local Alarm     | <input type="checkbox"/> NFPA 72 |

**Location of Annunciator:** \_\_\_\_\_

**Secondary Power Supply Type:** \_\_\_\_\_