



Canton Building & Safety Services Department
Fire Alarm Permit Application

Date: _____

Review #: _____

Job Address:
Building Permit # if applicable:

Owner Name		
Address:		
City:	State:	Zip:
Tel #:	Mobile #:	
Fax #:	E Mail Address:	

Contractor Name		
Address:		
City:	State:	Zip:
Tel #:	Mobile #:	
Fax #:	E Mail Address:	

Applicant Name		
Address:		
City:	State:	Zip:
Tel #:	Mobile #:	
Fax #:	E Mail Address:	
State Card #:	Current Business License #:	
Signature of State Card Holder:		

Note: a PDF copy of the state license, credentials, and plans must be submitted with this application