



City of Jeffersontown
 Department of Permitting and Enforcement
 10416 Watterson Trail
 Jeffersontown, KY 40299
 Phone: (502) 267-8333 Fax: (502) 267-0547
jeffersontownky.gov

FOR OFFICE USE ONLY

Date: _____

Permit #: _____

Bus. License #: _____

Fire Detection Permit Application

(Please Print)

Building Permit # (if applicable): _____

LOCATION: _____ Tenant Name: _____

Property Owner: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

CONTRACTOR: _____ Contact Name: _____

Contractor's Address: _____ City: _____ State: _____ Zip: _____

Office/Home Phone: _____ Cell: _____ E-mail: _____

FIRE DETECTION SYSTEMS

FIRE DETECTION TYPE	NUMBER OF UNITS
Heat:	
Smoke:	
Duct:	

FIRE PROTECTION SIGNALING SYSTEMS

SYSTEM SIGNALING TYPE	NUMBER OF UNITS
Pull Station:	
Horns:	
Strobes:	

PERMIT FEE: \$100.00

I hereby certify that I am the owner of record or the owner of record authorizes the proposed work and I have been authorized to make this application as the authorized agent.

SIGNATURE: _____ DATE: _____

CONTRACTOR Name: _____ KY Contractor No: _____