



**FORM 5.2**

**VILLAGE OF NORTHBROOK  
Fire Department  
Fire Prevention Bureau**

Station #11 740 Dundee Road  
Northbrook, Illinois 60062  
847-664-4500 FAX: 847 272-3623  
[www.northbrook.il.us](http://www.northbrook.il.us)

Permit #:

**Fire Alarm System Permit Application**

**General Information**

Property Address \_\_\_\_\_ Suite # \_\_\_\_\_ Date \_\_\_\_\_

Business/Occupant/Owner's Name (Where Work is to Occur) \_\_\_\_\_

Owner's Telephone Number \_\_\_\_\_

**Fire Alarm Contractor's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Fire Alarm Work Information**

Number of Audio/visual or Visual Only Devices \_\_\_\_\_

Number of Initiating Devices \_\_\_\_\_

Type of Detector(s):  Heat  Ionization  Photoelectric

Total Number of Devices \_\_\_\_\_

**NICET and Monitoring Information**

NICET Certified Supervisor \_\_\_\_\_

Supervisor's Cert. Number \_\_\_\_\_

Method of Monitoring:  Existing Direct Connect  New Wireless Radio  Existing Wireless Radio

Location of Monitoring Center: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Note: If monitoring shall be through a UL Listed Central Station the installing contractor is responsible for this system and the maintenance of this system shall also be UL Listed UUFX for central station service. The system shall be certificated as required in NFPA 72 section 8.2.4.1.

<b><u>Fees</u></b>	
<b>For Office Use Only</b>	
Reviewer _____	Approval Date _____
	Denial Date _____
Fire Protection Fee.....	_____
Late Fee.....	_____
Comments:	



**FORM 5.3**

**VILLAGE OF NORTHBROOK  
Northbrook Fire Department  
Fire Prevention Bureau**

Station # 11 740 Dundee Road  
Northbrook, Illinois 60062  
FAX: 847 272-3623 Phone # 847-664-4500

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Permit #:

**Automatic Fire Sprinkler System Permit Application**

**General Information**

Property Address \_\_\_\_\_ Suite # \_\_\_\_\_ Date \_\_\_\_\_

Business/Occupant/Owner's Name (Where Work is to Occur) \_\_\_\_\_

Owner's Telephone Number \_\_\_\_\_

**Automatic Sprinkler System Contractor Information**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Automatic Sprinkler System Work Information**

Design Code: 13 13-D (residential) 13-R

Coverage Area per Sprinkler \_\_\_\_\_sf Number of Sprinklers \_\_\_\_\_

Type of System: Wet Dry Pre-action Other: \_\_\_\_\_

Describe if "Other" \_\_\_\_\_

Hydraulically Calculated? Yes No

Will there be a Fire Pump? Yes No; Pump Rate \_\_\_\_\_gpm; Pump Capacity \_\_\_\_\_psi

**Optional Information – Provide if Available**

NICET Certified Supervisor \_\_\_\_\_

Supervisor's Cert. Number \_\_\_\_\_

<b><u>Fees</u></b>	
For Office Use Only	
Reviewer _____	Approval Date _____
	Denial Date _____
Fire Protection Fee.....	_____
Late Fee.....	_____
Comments:	



**FORM 5.4**

**VILLAGE OF NORTHBROOK**

**Fire Department**

**Fire Prevention Bureau**

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Permit #: \_\_\_\_\_

**Special Suppression System Permit Application**

**General Information**

Property Address \_\_\_\_\_ Suite # \_\_\_\_\_ Date \_\_\_\_\_

Business/Occupant/Owner's Name (Where Work is to Occur) \_\_\_\_\_

Owner's Telephone Number \_\_\_\_\_

**Special Suppression System Contractor's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Special Suppression System Work Information**

Type of Extinguishing System: Wet Chemical (Kitchen Hood) Clean Agent Dry Chemical CO2

System Designed Per UL ISO FM FIA Other \_\_\_\_\_

Describe if any "Combination" \_\_\_\_\_

<b><u>Fees</u></b>	
<b>For Office Use Only</b>	
Reviewer _____	Approval Date _____
	Denial Date _____
Fire Protection Fee.....	_____
Late Fee.....	_____
Comments:	