

**SMITHS FALLS FIRE DEPARTMENT**

77 Beckwith Street North

Smiths Falls, Ontario

Phone: 613-283-5869, Fax 613-283-6935

fire@smithsfalls.ca

PART A**PERMIT APPLICATION**

Alarm System or Carbon Monoxide Alarm System Permit

Applicant's Name			
Full Address	, Smiths Falls		
Home Telephone		Owner <input type="checkbox"/>	Occupant <input type="checkbox"/>
Cell Phone		Work	
Applicant's email			Know how to operate the Alarm System? <input type="checkbox"/>
Have you read and do you understand Fire Alarm and Carbon Monoxide by-law (by-Law 8809-2015)			Yes <input type="checkbox"/> No <input type="checkbox"/>

PART B**Contact Person 1**

Name			Has the key? <input type="checkbox"/>
Full Address	, Smiths Falls		
Home Telephone		Cell Phone	Know how to operate the Alarm System? <input type="checkbox"/>

Contact Person 2

Applicant's Name			Has the key? <input type="checkbox"/>
Full Address	, Smiths Falls		
Home Telephone		Cell Phone	Know how to operate the Alarm System? <input type="checkbox"/>

Applicant Signature:		Date:	
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PART C**APPLICATION REVIEW (To be completed by person accepting application)**

- All information provided above is complete
- Applicant has signed and dated below
- Permit fee paid

Reviewed by:	Signature:	Date:
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Section below to be completed by the Fire Department

Permit Approved	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Permit no.:
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Entered in CAD system	<input type="checkbox"/>	Date
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