



Safety System Certification Permit Application

For Office Use	
Permit Number: _____	Permit approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
\$100 Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Property Owner			
Business Name: _____			
Office Address: _____		City: _____	State: _____
Office Phone: _____		Contact Person: _____	Cell Phone: _____

2. Project Description	
Please identify systems to be covered by this permit	
Check all that apply:	
<input type="checkbox"/> Fire Alarm Systems–Alarm Contractors shall have <u>minimum</u> NICET Level 1 Certification or equivalent	
<input checked="" type="checkbox"/> The Following Certifications are Required : <input type="checkbox"/> NICET Certification <input type="checkbox"/> Panel Certification <input type="checkbox"/> Proof of Liability Insurance.	
<input type="checkbox"/> Automatic Sprinkler Systems – Fire Sprinkler Contractors shall have minimum NICET Level III Certification or equivalent	
<input checked="" type="checkbox"/> The Following Certifications are Required : <input type="checkbox"/> NICET Certification <input type="checkbox"/> Any Additional Certifications <input type="checkbox"/> Proof of Liability Insurance	
<input type="checkbox"/> Automatic Extinguishing Systems for Commercial Cooking • Proof of training for commercial cooking heads Required	
<input type="checkbox"/> Fire Extinguishers • Proof of Certification and Training Required	
<input type="checkbox"/> Standpipe Systems <input type="checkbox"/> Fire Pumps <input type="checkbox"/> Special Hazard Systems <input type="checkbox"/> Smoke Control Systems	

3. Represented Companies	
Please list all companies that your business is authorized to represent	
Company Name: _____	Phone Number: _____
Company Name: _____	Phone Number: _____
Company Name: _____	Phone Number: _____
Company Name: _____	Phone Number: _____
Company Name: _____	Phone Number: _____
Company Name: _____	Phone Number: _____

*****PLEASE PROVIDE DOCUMENTATION OF TRAINING LEVELS, INSTALLATION CERTIFICATIONS, LIABILITY INSURANCE, ETC. FOR ALL DISCIPLINES*****

APPLICANT'S SIGNATURE, CERTIFICATION AND AUTHORIZATION: Under penalty of perjury, I hereby certify that I have read this application and state that the information herein is correct and I swear that any information which may hereafter be given by me in hearings before the Planning and Zoning Commission or the City Council for the City of Rexburg shall be truthful and correct. I agree to comply with all City regulations and State laws relating to the subject matter of this application and hereby authorized representatives of the City to enter upon the above-mentioned property for inspections purposes. NOTE: The building official may revoke a permit on approval issued under the provisions of the 2012 International Code in cases of any false statement or misrepresentation of fact in the application or on the plans on which the permit or approval was based. Permit void if not started within 180 days. Permit void if work stops for 180 days.

Applicant's Name (print): _____ Signature: _____ Date: _____