



CITY OF MESQUITE FIRE ALARM MONITORING PERMIT

Permit Number _____ (Assigned by MFD)

MESQUITE FIRE DEPARTMENT
1515 N. GALLOWAY AVE., MESQUITE, TEXAS 75149
PHONE # (972) 216-6267 / FAX # (972) 216-6436

ANNUAL UPDATE ORIGINAL APPLICATION (\$12 fee required for each FACP)

Alarm Site Address: _____
Name of Business: _____ Phone Number: _____
Business Owner: _____ Phone Number: _____

1. ALARM MAINTENANCE / MONITORING INFORMATION:

Maintenance Company: _____
Emergency Phone Number: _____
Monitoring Company: _____
Emergency Phone Number: _____

2. EMERGENCY CONTACT PERSONNEL (Minimum of 2 within 30 minutes of business): Person(s) responding must have access to and be able to reset the fire alarm panel. These names must be updated within 10 days of change.

1) Name: _____ 24 Hour Phone: _____
Home Phone: _____ Additional Phone: _____
2) Name: _____ 24 Hour Phone: _____
Home Phone: _____ Additional Phone: _____

3. PERMIT HOLDER:

First Name: _____ MI: _____ Last Name: _____
Date of Birth: ____/____/____ Drivers License Number: _____ State of Issue: _____
Home Address: _____ City: _____
State: _____ Zip Code: _____ Home Phone: _____
Work Phone: _____ Additional Phone: _____

I, the permit holder, hereby agree that I will comply with all provisions of the City of Mesquite Ordinances No. 2651 and No. 4190, *International Fire Code*® as adopted by local ordinance, and all state laws. I understand that I will be responsible for payment of all fees and charges and any civil or criminal action, which may arise from the operation of this alarm system.

PERMIT HOLDER'S SIGNATURE: _____

DATE: _____

Business Name: _____

**Any Change to the Permit Holder, Contact Names or Phone Numbers
you are to notify the Mesquite Fire Department within 10 days.**

This page must be completed by occupancies with more than one fire alarm control panel (FACP). Each will be assigned a permit number.

FACP Address / Building Number	(assigned by MFD) FACP Permit Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____
22. _____	_____
23. _____	_____
24. _____	_____
25. _____	_____

Each of the above Fire Alarm Control Panels listed is required to pay the \$12 permit fee.

Each Fire Alarm Control Panel is to be tested annually during the 3rd or 4th quarter of each calendar year and the test results must be forwarded to the Mesquite Fire Department within 30 days of test completion.

If emergency contact information changes the Mesquite Fire Department shall be notified within 10 working days. This is for your protection in case we need to contact a key holder to respond to a fire alarm activation.

A copy of Ordinance No. 2651 and No. 4190 is available at the Fire Administration Office or at www.cityofmesquite.com/city_secweb/ordinances_displist.php

Monitoring Permit Holder's Signature: _____

Date: _____