



CITY OF MESQUITE FIRE ALARM OPERATIONAL PERMIT

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

MFD USE ONLY	
Permit Number:	_____
Date Issued:	_____
Valid Thru:	_____

PERMIT UPDATE ANNUAL PERMIT APPLICATION (\$50.00 - 1st FACU and \$10.00 for each additional FACU)

Alarm Site Address: _____
Name of Business: _____ Phone Number: _____
Business Owner: _____ Phone Number: _____
Business E-mail: _____ Emergency Gate Code: _____

1. ALARM MAINTENANCE / MONITORING INFORMATION:

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

2. EMERGENCY CONTACT PERSONNEL (Minimum of 3 within 30 minutes of business):
Person(s) responding must have access to and be able to reset the fire alarm control unit.
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) Name: _____ 24 Hour Phone: _____
Home Phone: _____ Additional Phone: _____

3. INDIVIDUAL 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: _____ Other Phone: _____
E-mail Address: _____

4. BUSINESS ENTITY PERMIT HOLDER: (Corp, Partnerships, LLC, Other Business Entity)

Name of the Entity: _____
Entity Address: _____
Entity Phone Number: _____
Entity Registered Agent: _____

5. HOW DOES THE PERMIT HOLDER PREFER TO BE CONTACTED? (Check at least one.)

Alarm Site Address Business E-mail Permit Holder Address Permit Holder E-mail
 Alternative Address: _____

I, the permit holder and agent for _____ (name of the company or corporation), hereby agree that I will comply with all provisions of the City of Mesquite Ordinance No. 4500, *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 fire alarm system. Failure to comply will result in the suspension or revo-cation of the Fire Alarm Operational Permit.

PERMIT HOLDER'S SIGNATURE: _____ DATE: _____

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

FACU Address / Building Number	(assigned by MFD) FACU 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.	_____

If an alarm site has multiple fire alarm control units, a nonrefundable fee of \$50.00 for the first fire alarm control unit and \$10.00 for each additional fire alarm control unit is required.

Inspection, testing and maintenance of the fire alarm system shall be conducted by a certified fire alarm company in accordance with the schedules in the adopted NFPA 72, or more frequently as required by the fire code official for fire safety purposes. Records of the inspection, testing and maintenance shall be maintained at the fire alarm site and available for inspection with the consent of the permit holder or other authorized representative.

If the 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. 4500 is available at the Mesquite Fire Administration Office or at https://apps.cityofmesquite.com/city_secweb/ordinances/4500.pdf - (Ordinance 4500)

PERMIT HOLDER'S SIGNATURE: _____ DATE: _____