



Sedgwick County Fire District 1

Administrative Office: 7750 N. Wild West Dr. - Park City, KS 67147
Phone: 316-660-3473 - www.sedgwickcounty.org - Fax: 316-660-3474



*Sedgwick County...
working for you*

FIRE ALARM SYSTEM PLAN REVIEW APPLICATION

Tenant/Business Name: _____

Job Site/Property Address: _____ City: _____

Job Site Contact Person: _____ Phone: _____

E-Mail: _____ License No: _____

Description of work to be done: _____

Project Valuation: \$ _____ New: _____ Addition: _____ Remodel: _____

Number of fire alarm devices being installed: _____

Fire Alarm Plan review fee due: \$ _____

Fire Alarm System Plan Review Fees (Sec. 114)

Fire Alarm System (based upon number of devices):

1-19 devices.....	\$75.00
20-100 devices.....	\$125.00
101-200 devices.....	\$175.00
201-300 devices.....	\$225.00
301-400 devices.....	\$275.00
401-500 devices.....	\$325.00
501-600 devices.....	\$375.00
601-700 devices.....	\$425.00
701-800 devices.....	\$475.00
801-900 devices.....	\$525.00
> 900 * devices.....	\$575.00

(*plus \$0.50 per every device greater than 900)

I hereby acknowledge that I have read this application and state that the above is correct and that I agree to comply with the requirements of the Sedgwick County Fire Code, and the requirements contained in the National Fire Protection Association Standards. I understand that I must contact the Sedgwick County Fire Department at least 2 working days in advance to schedule an acceptance test. I also understand that if I schedule an acceptance test and fail to notify the fire department of a cancellation, a \$200.00 re-inspection maybe required before a new inspection date is established.

Installing Contractor Signature: _____ Date: _____

Date Plans Received: _____ Date Plans completed: _____ (a min. of 10 working days)

Received by: _____ Date: _____ Check No.: _____