The UNIVERSITY *of* OKLAHOMA HEALTH CAMPUS

Department of Building Safety

Office of the Fire Marshal

FA

Fire Alarm Permit Application

This form must be completely filled out in order to process your application for plan review and permitting.

PROJECT INFORMATION			
Project Name		**Date**	
Project Address			
Phased Project	☐ Yes ☐ No	**If Yes, Phase #**	
Occupancy Type	Choose an item	**Occupant Load**	
Total Square Footage of Protected Area		**Fee = Ft² x $0.06 (Min. Fee $250.00)**	**$ (+ $4.00 OUBCC)**

BUILDING SYSTEMS INFOMATION			
Voice Evacuation Required	☐ Yes ☐ No	**Elevator Installed**	☐ Yes ☐ No
Duct Detection Required	☐ Yes ☐ No	**Panel Replacement Only**	☐ Yes ☐ No
Sprinkler System Installed	☐ Yes ☐ No	**Alternate/Hood Suppression Installed**	☐ Yes ☐ No
Access Control Being Installed	☐ Yes ☐ No	**Smoke Control Being Installed**	☐ Yes ☐ No

OWNER / OWNER'S AUTHORIZED AGENT (Responsible for submitting permit application)			
Owner / OAA			
Address (include Zip)			
Email		**Phone**	

DESIGNER AND COMPANY INFORMATION					
Designer Name				**Phone**	
Email					
Company Name				**Company Phone**	
Company Address				**Company License**	
Technician Name		**Cell**		**License**	

REMARKS / SCOPE OF PROJECT

Form DBS-FAP, Rev.4 (07/01/25)

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