



**TOWNSHIP OF CRANBERRY
FIRE ALARM/DETECTION/
SUPPRESSION SYSTEM TESTING**

*** Note: Applicant must submit the appropriate inspection reports with this application.**

1. APPLICANT _____ PHONE NUMBER _____
ADDRESS _____

2. COMPANY/CONTRACTOR _____ PHONE NUMBER _____
ADDRESS _____

3. BUSINESS NAME _____ PHONE NUMBER _____
ADDRESS OF WORK _____

4. OWNER _____ PHONE NUMBER _____
ADDRESS _____

5. TYPE OF SYSTEM TESTED:
 SPRINKLER FIRE ALARM OTHER _____
 HOOD FIRE DETECTION

6. **I hereby acknowledge the information contained herein is true and correct, and I hereby agree that all applicable provisions of the Cranberry Township Codes shall be complied with. I agree that I will contact the 911 Center at (724) 284-5211 in advance of taking any system out of service and I will also call to put the system back in service.**

APPLICANT SIGNATURE

DATE

PRINT NAME

(FOR TOWNSHIP USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE)

AP # _____

MAP & PARCEL # _____

FEE \$ _____