

☐ Authorized Representative

UNIFORM NOTICE OF LOW-VOLTAGE **ALARM SYSTEM PROJECT**

Master Permit Number			Labe			
Owner/Customer Name						
Owner/Customer Address						
Property Parcel ID #	/	/	/	/	/	
Telephone Number			E-mail Addre	ess		
Contractor's Name						
Contractor's Telephone	Contractor's License Number					
Scope of Work						
Completion Date						
Notice is hereby give above. I certify that	en that a low-volt	age alarm s			ompleted at the a	ddress specified
					☐ Owner	
By Signing I Certify the Insta NFPA 70 – National Electric		er Specifications a	nd the Applicable Sec	tions of Current Ed	lition ☐ Tenant	
					☐ Contractor	
Print Name						Conrecentative

THIS NOTICE SHALL BE SUBMITTED TO THE PINELLAS COUNTY BUILDING DEPARTMENT WITHIN 14 DAYS OF ALARM SYSTEM COMPLETION. EACH ALARM SYSTEM SHALL HAVE A SEPARATE, NUMBERED "ALARM SYSTEM PERMIT LABEL" INSTALLED IN A CONSPICUOUS LOCATION SUCH AS THE ALARM SYSTEM ENCLOUSURE OR ELECTRICAL PANEL. "ALARM SYSTEM PERMIT LABELS" ARE NOT FOR USE WITH FIRE ALARM SYSTEMS AND ONLY FOR USE ON STAND ALONE ALARM SYSTEM INSTALLATIONS IN EXISTING STRUCTURES. ADDITIONS, RENOVATIONS AND NEW CONTRUCTION WILL BE PERMITTED UNDER A STANDARD **BUILDING PERMIT.**

Submit via e-mail to: building@pinellascounty.org

via fax to: 727-464-5021