

# Fire Alarm Contractor Sign-Off

Received by:	_____
Date Received:	_____
License Current:	yes    no
Permit #:	_____

*Columbus/Bartholomew County  
Department of Technical Code Enforcement  
440 Third Street Room 302, Columbus, Indiana 47201  
Office 812-379-1535; Fax 812-379-1765*

I (We), \_\_\_\_\_, a professional and properly trained Fire Alarm designer and installer (or design and installation Company) am/are installing a Fire Alarm system at:

\_\_\_\_\_  
(Project Name)

\_\_\_\_\_  
(Address of project)

I (We) accept responsibility and liability for the work being performed and will insure that all Fire Alarm design, installation, testing and maintenance will conform to the adopted Indiana Building Code, Indiana Fire Code, NFPA 72 and any other applicable codes or regulations.

I am a duly authorized representative of \_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
REPRESENTATIVE'S ORIGINAL SIGNATURE

\_\_\_\_\_  
DATE