

# Township of Moon

1000 Beaver Grade Rd, Moon Township, PA 15108

(412) 262-1700

(Please submit 2 copies of all applicable information for review)

## Fire Alarm Systems, Fire Sprinkler, and Truss

### Systems Deferred Submissions Form

Must provide existing primary building permit number.

Provide issued building permit number for the space where the installation is proposed \_\_\_\_\_

Property Address \_\_\_\_\_ Building space \_\_\_\_\_

City, State, Zip \_\_\_\_\_

➤ Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

➤ Property owner \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

➤ Occupant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

➤ Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

➤ Design Professional \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Proposed work: \_\_\_\_\_

The applicant / owner hereby certifies that the statements made herein, and representations contained in all accompanying information part of this application are true and correct. The applicant / owner shall be responsible for reviewing and fully understanding all permit conditions and insuring compliance to all applicable codes and ordinances. The applicant / owner grants Moon Township officials the right to enter the property for the purpose of inspecting the work. As applicant, I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to act as the authorized agent.

➤ Owner/agents signature \_\_\_\_\_ Date \_\_\_\_\_