

VILLAGE OF OAK BROOK  
1200 Oak Brook Road  
Oak Brook, Illinois 60521

PERMIT NO.: \_\_\_\_\_

**APPROVED**

Police Chief \_\_\_\_\_

Fire Chief \_\_\_\_\_

Elect. Dept. Permit No. \_\_\_\_\_

Bldg. Comm. \_\_\_\_\_

Elect. Dept. \_\_\_\_\_

**APPLICATION  
AUTOMATIC BURGLAR/FIRE ALARM PERMIT**

Permission is hereby requested by \_\_\_\_\_  
(INSTALLER)

of \_\_\_\_\_, to install  
(ADDRESS) / (TELEPHONE)

**TYPE OF SIGNAL**

☐ Automatic Protection Device

(CHECK ONE ONLY)

Signaling Device ☐

**TYPE OF PROTECTION**

☐ Fire Protection

(CHECK ONE ONLY)

Police Protection ☐

*NOTE: Use additional form for each different type of signal and protection combination.*

for \_\_\_\_\_ at \_\_\_\_\_  
(NAME OF PERSON OR PREMISE) (ADDRESS) / (TELEPHONE)

Alarm System to be maintained by \_\_\_\_\_  
(COMPANY NAME)

\_\_\_\_\_  
(ADDRESS) / (TELEPHONE)

Application filing fee: \$25.00 for each type of signal.

Date paid: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
(SIGNATURE)

*NOTE: Annual Permit Fee of \$15.00 for Automatic Protection Device,  
commonly known as Dialer Alarms, due on or before July 1st or  
each year or part thereof.*

\_\_\_\_\_  
(COMPANY)

This permit is issued with the stipulation that all provisions of the Village of Oak Brook Ordinance G-176 be strictly complied with. Any deviation with respect to type of equipment used will be cause for revoking the permit.

All work must be done in accordance with the Chicago Electrical Code as adopted by the Village of Oak Brook Building Code, Ordinance Chapter G-160. The Bureau of Inspections must be notified for an inspection not less than (24) hours before covering any conduit or other electrical material used. Burglar and Fire Alarm Systems will be tested with Bureau of Inspection personnel present. 1851-2220 990-3035

**ELECTRICAL PERMIT APPLICATION MUST ACCOMPANY ALARM APPLICATION**

**- FOR OFFICE USE ONLY -**

Approved for connection and final test \_\_\_\_\_  
(BY) (DATE)

Connection and final test completed \_\_\_\_\_  
(DATE) (TIME)

Position No. \_\_\_\_\_

IBT Channel No. \_\_\_\_\_

**MUST BE FILED IN TRIPLICATE**

WHITE - POLICE DEPT.  
CANARY - SUBSCRIBER  
PINK - INSPECTION DEPT.