



**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. TYPE OF SYSTEM TESTED:

- SPRINKLER       FIRE ALARM       OTHER \_\_\_\_\_  
 HOOD             FIRE DETECTION

5. **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 \$ \_\_\_\_\_

Revised 6/5/06  
License/FPrevST