



LOS ALAMOS
 Fire & Life Safety Management
 999 Central Ave., Suite 200, Los Alamos, NM 87544
 Phone (505) 662-8301 • Fax (505) 662-8302



EARLY START REQUEST

Occupancy/Project Name

Occupancy/Project Address

Company Name and Address of Design Professional, Contractor or Contractor's Representative

Email and Phone Number of Design Professional, Contractor or Contractor's Representative

Date Early Start work to begin

This request is for an early start to begin the installation of the following work and materials only:

I attest that all required and applicable information noted above has been provided for approval and understand that inadequate or incorrect content is cause for denial of an early start or the revocation of an approved early start. I also understand that any work performed and materials installed beyond the early start approval is subject to removal or a stop work order and the revocation of the early start permit.

Name of Occupancy Owner/Operator or Fire System Contractor Date

Approved: **Not Approved:** **Approved/conditions listed below:**

Signature of Authority Having Jurisdiction: Date: