



CITY OF SAINT PAUL Department of Fire and Safety Services Fire Prevention Division 375 Jackson Suite 220	SMOKE CONTROL SYSTEM PERMIT APPLICATION Updated January 2015
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*All areas must be completed or application will be returned.
 *Correct fee must be enclosed or application will be returned.
 If you have questions please call (651) 266-8989.

Number	Street Name	St. Ave. Blvd.	Suite/Apt.	Building Name	Date
Project Address					
Engineer:		Engineer Address:		Phone:	
Contact Person:					
Property Owner:		Owner Address:		Phone:	
Contact Person:					
Circle One: Commercial Residential		Estimated Start Date:		Estimated Value of Project	
Circle One: New Building Existing Building					
Work Being Done:			Quantity	@	Fee
1) INITIAL FEE:			flat	\$250.00	
2) Inspection fee (to be applied at the time of inspection)			per hour	\$70.00	
Detailed Description of Work:					
				TOTAL PERMIT FEE	
Make checks payable to the City of Saint Paul					
*Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued					
Signature _____				Date _____	