CITY OF SAINT PAUL Department of Safety and Inspections Fire Safety Inspection Division 375 Jackson Street Suite 220, Saint Paul, MN 55101	**FIRE ALARM SYSTEM PERMIT APPLICATION** Updated October 2015

*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.

Project Name and Address:	**Date**

Property Owner Name and Address:	**Owner's Contact Person Information:**
Contractor Name and Address:	**Contractor's Contact Person Information** (including email)

Circle One: Commercial Residential	**Estimated Start Date:**	**Estimated Finish Date:**
Circle One: New Building Existing Building		
If Existing, Circle One: Repair Addition Alter Emergency	**Estimated Value of Project:**	

Work Being Done:	**Quantity:**	**Charges per Quantity:**	**Fee:**
1) Flat fee:	flat	$70.00	$70.00
2) Main Fire Alarm Control Unit Fee = # of control units x $20.00 — Enter # of Control Units →		$20.00	
3) Fire Alarm System Openings -Horn, Strobe, Pull Station, etc. Fee = # of openings x $2.00 — Enter # of Openings→		$2.00	
4) Plan Review required for over 100 openings: 65% of items 1, 2, and 3		65%	

Detailed Description of Work:	**Summary of Fees**	
	Alarm System (add far right column-minimum fee of $70.00)	
	State Surcharge ($1.00 for permit fees less than $10000.00) (0.0005 x permit fee for fees over $10000.00)	
	TOTAL PERMIT FEE	

*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 _____

Would you like your permit to be faxed to you?

Yes **No**

*Make checks payable to the City of Saint Paul or Fill out the credit cards section

Signature of Cardholder (required for all charges):

☐ **AMEX** ☐ **Discover** ☐ **MasterCard** ☐ **Visa** | **Security Code ►** | | | | **Expiration Month/Year ►** | | | |

Enter Account Number ► ► | | | | | | | | | | | | | | | |