



SMOKE CONTROL SYSTEM PERMIT APPLICATION

*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 Contract Person Information:		
Engineer Name and Address:			Engineer's Contract Person Information (including email)		
Circle One: Commercial Residential	Estimated Start Date:	Estimated Finish Date:	Estimated Value of Project:		
Circle One: New Building Existing Building					
Work Being Done:			Quantity:	@	Fee:
1) INITIAL FEE:			flat	\$281.00	
2) Inspection fee (to be applied at the time of inspection)			per hour	\$79.00	
TOTAL PERMIT FEE:					
Detailed Description of Work:					
*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.					Would you like your permit to be faxed to you?
Signature _____ Date _____					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):													
<input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa						Security Code ▶		Expiration Month/Year ▶					
BILLING ZIP CODE _____													
Enter Account Number ▶▶													

Effective April 3rd, 2021, A 2.49% service fee will be charged for all credit or debit card transactions and will appear as a separate transaction on your card statement. This fee is charged by the service provider DSI uses to handle credit card transactions. The City does not receive any of the fees.