

Enter Account Number ▶ ▶

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 February 2020

*All areas must be completed or application will be returned.

Project Name and Address:					Date		
Property Owner Name and Address: Owner's Contact P			erson Information:				
Contractor Name and Address:	Con	tractor	's Conta	ct Person In	formation (inc	luding email)	
Circle One: Commercial Residential Circle One: New Building Existing Building	Estimated Start Date:			:	Estimated Finish Date:		
If Existing, Circle One: Repair Addition Alter Emergency	Es	Estimated Value of Project:					
Work Being Done:				Quantity:	Charges per Quantity:	Fee:	
1) Flat fee:				flat	\$78.00	\$78.00	
2) Main Fire Alarm Control Unit Fee = # of control units x \$21.00 Enter # of Control Units →				\$22.00			
3) Fire Alarm System Openings -Horn, Strobe, Pull Station, etc. Enter # of Openings→ Fee = # of openings x \$2.00					\$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			
				column-minimum fee of \$78.00)			
				State Surcharge			
(\$1.00 for pe				ermit fees less than \$10,000.00)			
(0.0005 x permit fee for fees over \$10,000.00)							
ТОТ				AL 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. *Would you like you permit to be faxed to you have a support to							
city ordinances will be complied with in performing the work for which this permit is				issueu.		•	
Signature Date					Yes	No	
*Make checks payable to the City of	Saint Pa	aul or F	fill out the	e credit cards	s section		
Signature of Cardholder (required for all charges):							
☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa Securit				Expiration Month/Year			