CITY OF SAINT PAUL Department of Safety and Inspections Fire Safety Inspection Division 375 Jackson Suite 220, Saint Paul, MN 55101	**SMOKE CONTROL 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 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	$250.00	
2) Inspection fee (to be applied at the time of inspection)	per hour	$70.00	
		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.

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 ►►															