



Permit Application for Fire Alarm



430 Third St., Farmington, MN 55024
651-280-6945 Fax – 651-280-6939

Date _____ Permit No. _____

Site Address	_____
Tenant/Bldg Name	_____

Applicant: Owner ____ Contractor ____ Other _____

Property Owner	Name/Company _____ Phone No. _____ Address _____ City _____ State _____ Zip _____
Contractor	Company _____ Phone No. _____ Contractor License No.: _____ Expiration Date _____ Contact Person (Print) _____ Phone No. _____ Address _____ City _____ State _____ Zip _____

Contractor's Total Valuation \$ _____ **Permit Fee** _____

Permit fee is 1.5% of Contracted Amount for 1st \$10,000 – 1% over \$10,000 (minimum fee of \$50.00)

<i>EX: Value \$12,000</i>	<i>\$150.00 – 1st \$10,000</i>
	<i>\$ 20.00 – Add'l 2,000 (over 10,000)</i>
<i>Total Fee</i>	<i>\$170.00</i>

Fire Permit Type
<input type="checkbox"/> 30 - Fire Alarm System <input type="checkbox"/> 31 - Fire Panel <input type="checkbox"/> 32 - Dialer/Communicator
Work Type
<input type="checkbox"/> 80 - New <input type="checkbox"/> 81 - Remodel/Alteration <input type="checkbox"/> 83 - Repair
Office Use -- Required Inspections: Inspection Umbrella Code: FA

**CONTACT DEPUTY FIRE CHIEF MATTHEW PRICE FOR
PLAN REVIEW AND INSPECTIONS – 651-280-6945**

A COPY OF THE LICENSE MUST ACCOMPANY THE APPLICATION FOR PERMIT.

This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.

I hereby apply for a Fire Alarm System permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Farmington and with the Minnesota Building/Fire Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

_____/_____
Applicant's Signature/Date

Office Use

Review Type

Preliminary ____ Final ____ Resubmittal (Plan review fee only) ____

Permit Approved By:

Date Approved:
