

FIRE ALARM & FIRE SUPPRESSION PERMIT APPLICATION

Submit Applications to: Permits@rumrivercc.com Scheduling: 763-331-7722

THIS APPLICATION BECOMES A NUMBERED PERMIT AFTER THE REVIEW IS COMPLETE AND PAYMENT OF FEES.

WORK IS NOT TO BEGIN PRIOR TO ISSUANCE. ~ ALL INFORMATION IS REQUIRED AND MUST BE COMPLETED.

SITE ADDRESS _____ **PROPERTY ID #** _____

PROPERTY OWNER NAME _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHONE # _____ **EMAIL** _____

APPLICANT IS: **CONTRACTOR** **OWNER** ~ **PROPERTY TYPE:** **COMMERCIAL** **RESIDENTIAL**

CONTRACTOR COMPANY NAME _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHONE # _____ **EMAIL** _____

FIRE PROTECTION LICENSE # _____ **VERIFIED BY OFFICE STAFF** _____

APPLICANT CONTACT NAME _____ **PHONE #** _____

FIRE ALARM MONITORING SYSTEM

FIRE SUPPRESSION SYSTEM ~ **20 HEADS OR LESS** **MORE THAN 20 HEADS**

VALUATION (LABOR & MATERIALS) \$ _____

PROJECT DESCRIPTION _____

The undersigned acknowledges the above information is correct and accepts responsibility for compliance with all applicable laws and ordinances of the ruling jurisdiction.

APPLICANT SIGNATURE _____

PRINTED NAME _____ **DATE** _____

OFFICE USE ONLY

DATE ALL REQUIRED INFORMATION WAS RECEIVED: _____

APPROVALS:

FIRE _____ **DATE** _____

BUILDING _____ **DATE** _____

FIRE PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

SURCHARGE FEE \$ _____

PAYMENT INFO:

PAYMENT RECEIVED BY _____

CASH _____ **CK#** _____ **LAST 4 CC#** _____

RECEIPT #: _____ **DATE** _____

TOTAL FEE \$ _____