CITY OF SAINT PAUL Department of Safety & Inspections Fire Prevention Division 375 Jackson Street Suite 220	**FIRE ALARM 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 Address: Number / Street Name / St. Ave. Blvd.	Suite/Apt.	Building Name	Date

Contractor: Contact Person:	Contractor Address:	Phone:
Property Owner: Contact Person:	Owner Address:	Phone:

Circle One: Commercial Residential	Estimated Start Date:	Estimated Value of Project
Circle One: New Building Existing Building		
If Existing, Circle One: Repair Addition Alter Emergency	Estimated Finish Date:	

Work Being Done:	**Quantity**	@	**Fee**
1) Flat fee:	flat	$65.00	$65.00
2) Main Fire Alarm Control Unit Fee = # of control units x $20.00 — Enter # of Control Units →		$20.00	
3) Fire Alarm System Openings -Horn, Strobe, Pull Station, etc. Fee = # of openings x $2.00 — Enter # of Openings →		$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 (add far right column-minimum fee of $65.00)	
State Surcharge ($5.00 for permit fees less than $10000.00) (0.0005 x permit fee for fees over $10000.00)	
TOTAL PERMIT FEE	
Make checks payable to the City of Saint Paul	

*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 issue

Signature _____ Date _____

Would you like your permit to be faxed to you?

Yes **No**

Signature of Cardholder (required for all charges): _____

☐ **American Express** ☐ **Discover** ☐ **MasterCard** ☐ **Visa**

Expiration Month/Year ►►

Enter Account Number ►