

PERMIT # _____

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 Contractor Or Owner ~ Is this rental property? Yes No ~ 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

Commercial Projects require plan review.

Fire _____ Date _____

Fire Permit Fee \$ _____

Building _____ Date _____

Plan Review Fee \$ _____

Payment Info

Surcharge Fee \$ _____

Payment received by _____

Cash _____ Ck # _____ Last 4 CC # _____

Total Fee \$ _____

Receipt #: _____ Date _____