



PERMIT # \_\_\_\_\_

# Fire Alarm & Fire Suppression Permit Application

**Submit Applications to:** [Permits@rumrivercc.com](mailto: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 \_\_\_\_\_