



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. <u>All</u> information is required and <u>must</u> be completed.

Site Address		Property ID #					
Address	City		State	Zip			
Phone #	Email						
Applicant Contractor Or	Owner ~ Is this rental property?	Yes No ~	Commerci	al Residenti			
Contractor Company Name							
Address	City		State	Zip			
	Email						
Fire Protection Licens	se #	Verified by off	ice staff				
Applicant Contact Name		Phone	e #				
Fire Alarm Monitoring Syst				Nore than 20 Head			
The undersigned acknowledges the abov	e information is correct and accepts responsibility for co	mpliance with all applicable law	s and ordinances of the	ruling jurisdiction.			
	Office Use On	ıly					
	<u>all</u> required information was receive	d:					
<u>Approvals</u>	Commercial Projects require	e plan review.					
Fire	Date	Date Fire Permit Fee \$					
Building	Date						
Payment Info		Surcha	arge Fee \$				
Payment received by							
	Last 4 CC #		Fee \$				
Receint #·	Date						