



FIRE ALARM SYSTEM PERMIT APPLICATION

Date of Application: _____

Job Address: _____ PIN#: _____

APPLICANT		OWNER INFORMATION	
<input type="checkbox"/>	Owner	Name: _____	
<input type="checkbox"/>	Contractor	Address: _____	
<input type="checkbox"/>	Designer / Engineer	Phone: _____	
CONTRACTOR INFORMATION		DESIGNER / ENGINEER INFORMATION	
License# _____	Exp. Date _____	License# _____	Exp. Date _____
Name: _____		Name: _____	
Address: _____		Address: _____	
Phone: _____		Phone: _____	
PROPERTY TYPE		CONSTRUCTION TYPE	
<input type="checkbox"/>	Civic & Institutional	<input type="checkbox"/>	New
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Addition
<input type="checkbox"/>	Residential - 1 & 2 Family	<input type="checkbox"/>	Remodel / Alteration / Repair
<input type="checkbox"/>	Residential - Multi Family		

Describe Work:
Value of Work: \$ _____

I hereby apply for a fire alarm system permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Red Wing and with the Minnesota Building/Fire Codes; that I understand that this is not a permit but only an application for a permit and work is not to start without a permit; that work will be in accordance with the approved plan in the case of work which requires a review and approval of plans. Red Wing City Code Section 10.19 Subdivision 3

SIGNATURE: _____	PRINTED NAME: _____
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FEE SCHEDULE: (\$100.00 Minimum)	Fees must accompany application to begin processing.
STATE SURCHARGE: (\$.50 Minimum)	
Value of Work: \$ X .02 (Permit Fee) + Value of Work \$ X.0005 (State Surcharge) = Total Fee \$ _____	