



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 IS:    CONTRACTOR    OWNER    ~    PROPERTY TYPE:    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\***

TYPE OF CONSTRUCTION \_\_\_\_\_ DATE ALL REQUIRED INFORMATION WAS RECEIVED: \_\_\_\_\_

OCCUPANCY CLASSIFICATION \_\_\_\_\_ **COMMERCIAL PROJECTS REQUIRE PLAN REVIEW**

FIRE \_\_\_\_\_ DATE \_\_\_\_\_ FIRE PERMIT FEE \$ \_\_\_\_\_

BUILDING \_\_\_\_\_ DATE \_\_\_\_\_ PLAN REVIEW FEE \$ \_\_\_\_\_

SURCHARGE FEE \$ \_\_\_\_\_

### **PAYMENT INFO:**

PAYMENT RECEIVED BY \_\_\_\_\_ CONTRACTOR FEE \$ \_\_\_\_\_

CASH \_\_\_\_\_ CK# \_\_\_\_\_ LAST 4 CC# \_\_\_\_\_

RECEIPT #: \_\_\_\_\_ DATE \_\_\_\_\_ **TOTAL FEE \$ \_\_\_\_\_**