



FIRE ALARM PERMIT - COMMERCIAL

Job Address: _____			
Tenant Name _____		Phone _____	
Property Owner: _____		Phone _____	
Contractor Name _____		Phone _____	
Address _____	City/State _____	Zip _____	Fax: _____

☐ Commercial

☐ Residential

Description of Work _____

Enter Total Square Footage: _____ Value of Work: \$ _____

Quantity	Description	Fee Each	Total Fee
	1 - 10 Devices	\$50.00	
	11-25 Devices	\$75.00	
	26-50 Devices	\$100.00	
	51-100 Devices	\$150.00	
	101-200 Devices	\$200.00	
	201 and over	\$175.00 + \$50.00 for @ group of 25	
	Plan Review	25% of permit fee	

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the City Ordinances and State Laws will be complied with whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the property or the duly authorized agent.

Permission is hereby granted to enter the premises and make all inspections.

Applicant Name (Print) _____	
Applicant Signature _____	Date: _____

For Office Use Only:

Date Approved: _____ Date Issued: _____ Init: _____ Total Paid: _____