# FIRE ALARM PERMIT APPLICATION

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| APPLICATION DATE:  |  |
| ESTIMATED DATE OF COMPLETION: |  |
| SCOPE OF WORK:  |  |
|  |

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| **SITE INFORMATION** |
| ADDRESS: |  |
| NAME: |  |
| OWNER NAME: |  |

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| **CONTRACTOR INFORMATION** |
| COMPANY NAME: |  |
| CONTACT: |  | STATE #: |  |
| ADDRESS: |  |
| STATE/ZIP CODE: |  |
| PHONE #: |  | FAX #: |  |

PERMIT FEE SCHEDULE:

|  |  |
| --- | --- |
| Valuation of Project (V)  | $ |
| V $  | X .0125 = | $ |
| **OR Minimum Permit Fee** | **$66.50** |
|  | $ Total Fee |

All permit applications must be accompanied with:

1. Two complete sets of drawings and specifications.
2. Cut sheets on materials and components to be used.
3. Description of the work to be performed.

The undersigned hereby agrees to complete the project in accordance with the Ordinances of the City of West St. Paul, MN State Building Code (MSBC), MN State Fire Code (MSFC) and to all other recognized codes or standards.

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| SIGNED:  |  |
| PRINTED: |  |

**CONDITIONS OF PERMIT**

1. Fire alarm contractors will provide their state contractors certification information with application.
2. All work shall be conducted in accordance with the MSBC, MSFC and NFPA 72.
3. Provide two sets of plans and construction documents in accordance to MSFC.
4. A detailed map identifying all zones must be provided at the annunciation panel and main fire alarm panel.
5. The minimum zones are as follows:
6. Each floor up to 22,500 square feet in area.
7. Water flow switches on sprinkler systems.
8. In-duct smoke detectors on air-handling systems that serve multiple floors.
9. If the building is provided with a sprinkler system throughout the alarm zones should coincide with the allowable area of the sprinkler zone.
10. Clearly identify and provide a circuit breaker lock for the fire alarm system in the electric panel.
11. A permanent plate which measures 1” X 3” displayed on the ceiling grid to identify duct detection above the ceiling panel. Prior to requesting final acceptance furnish a Record of Completion Form and a written statement stating the system has been installed in accordance with approved plans and tested in accordance with the manufacturer’s specifications and the appropriate NFPA requirements.
12. **FINAL ACCEPTANCE/REACCEPTANCE TESTING SHALL BE WITNESSED BY THE FIRE DEPARTMENT. THE SYSTEM AND ALL DEVICES WILL BE TESTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE MSFC AND NFPA 72. PERSONS NECESSARY TO RESET THE DEVICES NEED TO BE PRESENT FOR THE FINAL. TO SCHEDULE THE FINAL CONTACT (651) 552-4172 AT LEAST 3 BUSINESS DAYS IN ADVANCE.**