



City of Anoka

2015 First Avenue, Anoka, MN 55303

Email applications to: Comdev@ci.anoka.mn.us Phone: 763-576-2720 Website: http://www.AnokaMinnesota.com

FIRE ALARM & FIRE SUPPRESSION PERMIT APPLICATION

SITE ADDRESS: _____

THE APPLICANT IS: _____ THE OWNER & OCCUPANT _____ CONTRACTOR

APPLICANT CONTACT NAME _____ PHONE # _____

PROPERTY OWNER

NAME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE #: _____ EMAIL ADDRESS: _____

CONTRACTOR:

COMPANY NAME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE #: _____ EMAIL ADDRESS: _____

FIRE PROTECTION LICENSE # _____ EXPIRATION DATE _____

___ COMMERCIAL ___ INDUSTRIAL ___ MULTI-FAMILY ___ RESIDENTIAL ___ TOWNHOUSE
___ FIRE ALARM MONITORING SYSTEM ___ FIRE SUPPRESSION SYSTEM

ESTIMATED VALUE OF JOB INCLUDING LABOR & MATERIALS \$ _____

___ 20 HEADS OR LESS (PLAN REVIEW & INSPECTIONS DONE BY CITY OF ANOKA FIRE DEPARTMENT)
___ MORE THAN 20 HEADS (PLAN REVIEW BY STATE FIRE MARSHALL, INSPECTIONS DONE BY CITY OF ANOKA FIRE DEPARTMENT)
HOODS - UL300 SYSTEM

PROJECT DESCRIPTION:

- 1. FIRE ALARM SYSTEMS SHALL BE DESIGNED, INSTALLED AND MAINTAINED IN ACCORDANCE WITH NFPA 72 AN LOCAL CODES.
2. ALL EQUIPMENT SHALL BE UL LISTED FOR CENTRAL STATION MONITORING OR REMOTE STATION MONITORING.
3. AFTER ACCEPTANCE TESTING HAS BEEN COMPLETED AND WITNESSED BY THE FIRE INSPECTOR THE INSTALLING COMPANY SHALL PROVIDE THE OWNER/OCCUPANT AND FIRE INSPECTOR WITH A COMPLETED NFPA CERTIFICATE COMPLIANCE FORM.

JOB VALUE x 0.015 = PERMIT FEE ~ MINIMUM PERMIT FEE IS \$25.00 PERMIT FEE \$ _____
JOB VALUE X 0.0005 = SURCHARGE SURCHARGE \$ _____
VISA, MC, DSC, CHECK, OR EXACT CASH CREDIT CARD FEE \$ _____
IF PAYING WITH CC VIA PHONE ADD \$3.25
IF PAYING FOR MORE THAN 1 APPLICATION AT THE SAME TIME, ONLY ONE CC FEE WILL BE ASSESSED. TOTAL PERMIT FEE \$ _____

HOW DO YOU PREFER TO RECEIVE YOUR PERMIT? ___ WILL PICK UP ___ USPS (IF PLANS ARE LARGE, PLEASE PICK UP)
___ EMAIL ADDRESS: _____

THIS PERMIT BECOMES NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCE GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATION CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

APPLICANT SIGNATURE _____

DATE _____ PRINT NAME _____

BUILDING OFFICIAL/FIRE DEPARTMENT SIGNATURE _____ DATE _____