



Appl: # \_\_\_\_\_

\$ \_\_\_\_\_ (Invoice)

## FIRE ALARM SYSTEM PERMIT APPLICATION

3400 Plymouth Boulevard  
Plymouth, MN 55447  
General Information (763)509-5430  
Inspection Scheduling (763)509-5449  
FAX (763) 509-5407

**Property Location:** \_\_\_\_\_

~ OR ~

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision Name \_\_\_\_\_

Property I.D. (PIN) No. \_\_\_\_\_

*For non-invoiced customers, permits may be mailed in or faxed in (if no plans are required).  
You will be called with the permit fee when the permit is ready to be picked up and paid for IN PERSON in Community  
Development at City Hall. Note: Checks are not to be mailed with the permit application.*

Proposed Use:	<u>Residential</u>	<u>Non-Residential</u>
Single Family Detached	<input type="checkbox"/>	Church <span style="float: right;"><input type="checkbox"/></span>
Townhouse	<input type="checkbox"/>	Commercial <span style="float: right;"><input type="checkbox"/></span>
Two Family	<input type="checkbox"/>	Industrial <span style="float: right;"><input type="checkbox"/></span>
Multi-Family	<input type="checkbox"/>	Public <span style="float: right;"><input type="checkbox"/></span>
		Other _____

**Valuation of Proposed Work:** \$ \_\_\_\_\_

**Applicant is:**  Contractor  Other  Owner  Tenant

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ (Bus., pager, mobile)

**Tenant Name (if applicable)** \_\_\_\_\_ **Unit/Suite #** \_\_\_\_\_

<b>Class of Work:</b>	<input type="checkbox"/> Alteration (Additions, modifications, relocation, repairs or removal of any existing system)
	<input type="checkbox"/> New (Installation of a complete system)

