Fire Alarm Permit Application

City of Plymouth

Appl # _____

3400 Plymouth Blvd • Plymouth, MN 55447

763-509-5430 • 763-509-5407 (fax)

$ _____

www.plymouthmn.gov • inspections@plymouthmn.gov

REV: 2/25/2020

PROPERTY INFORMATION		
SITE ADDRESS	SUITE	DATE
PROPERTY OWNER / TENANT		

APPLICANT INFORMATION

Applicant is: ☐ Property Owner ☐ Contractor ☐ Tenant

COMPANY NAME

APPLICANT'S NAME | PHONE #

COMPANY ADDRESS

EMAIL ADDRESS

CITY | STATE | ZIP

USE TYPE	CONSTRUCTION CATEGORY
☐ Commercial ☐ Multi-Family ☐ Residential	☐ Church ☐ Commercial ☐ Industrial ☐ Other ☐ Public
☐ New Building OR ☐ Existing Building	☐ Multi-Fam ☐ Single Fam Det. ☐ Townhouse ☐ Two Family

CLASS OF WORK

☐ **Alteration** (Additions, modifications, relocation, repairs or removal of any existing system   ☐ **New** (Installation of a complete system)

☐ Principal Building ☐ Accessory Building ☐ Other

DESCRIPTION OF WORK:

Project Valuation: $

Applicant: Please read and sign below

I hereby apply for a fire alarm system permit and I acknowledge that the information above is complete and accurate; I understand this is not a permit and work is not to start without a permit.

I understand and hereby agree that the work for which the permit is issued shall be performed according to the following: (1) the conditions of the permit, (2) the approved plans and specifications, (3) the applicable city approvals, ordinances and codes, (4) the state building/fire codes.

I understand that the permit will expire and become null and void if work is not started within 180 days or if work is suspended or abandoned for a period of 180 days anytime after work has commenced; and, that I am responsible for ensuring that all required inspections are requested in conformance with the state building/fire codes.

APPLICANT'S SIGNATURE | DATE

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~OFFICE USE ONLY~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

DATE APPROVED | AUTHORIZED TO ISSUE

☐ PERMIT FEE   ☐ PLAN REVIEW FEE   ☐ SURCHARGE

REMARKS: