



**CITY OF BLAINE
SAFETY SERVICES
Fire Inspections
10801 Town Square Drive
Blaine MN 55449
Business Phone 763-785-6187
Fax 763-717-2634**



Fire Alarm System Permit Application

| | |
|--|----------------------------------|
| Location of Work: | _____ |
| Business Name: | _____ |
| Owner: | _____ Phone No: _____ |
| Applicant Name: | _____ |
| Address: | _____ |
| Contact Person: | _____ Phone No: _____ |
| | Valuation: _____ |
| Type of System: | _____ |
| Description of Work: | _____ _____ _____ _____ |
| Dates of Work: | _____ |
| Application submittal must include: 1. Completed NFPA 72 record of completion. 2. Scaled drawings documenting locations of all appliances. 3. Manufacture's specifications on alarm panel and all appliances. 4. Description of zones. | |
| Number of Devices: | _____ x \$ 5 .00 _____ Total |
| Applicants Signature _____ | |
| Fee schedule \$5.00 per Device. Minimum fee of \$50.00. | |