CITY OF SOUTHFIELD
APPLICATION FOR FIRE ALARM PERMIT

Fire Alarm #_____ **Date:**_____

Building Permit #_____ **Tenant:**_____

Job Site Address:_____

Owner:_____ **Sidwell #:**_____

Contractor:_____

Contr. Address:_____**City:**_____**Zip:**_____

Contractor Phone #:_____**Contractor State License #**_____

Contact Person:_____

Please provide the following information:

New System_____

Existing System: Replacement _____***or Upgrade to Existing System***
_____

Fire Alarm systems, including the electrical equipment portions of FM200, CO2, Chemical Foam & Ansul Systems

ITEM	**AMT**	**QTY**
Alarm Control Panel	$50	
Central Station Connection or Dialer	$25	
Initiating Device, Auxiliary Control Device, Audio-Visual Device, Communication Device – each	$10	
Plan Review - Minimum **Plans must be submitted for 3 or more zones or devices (3 sets)**	$150	
TOTAL	**$**	

MINIMUM PERMIT FEE $50