



Fire Alarm System Permit Application

City of Moorhead Fire Prevention Bureau, 111 12th Street North, Moorhead, MN 56560

For Inspections call: 218-299-5433

E-mail in pdf form to: chad.stangeland@ci.moorhead.mn.us or Fax to: Chad Stangeland 218-299-5072

Date of Application: _____					
Application is hereby made to the Moorhead Fire Prevention Bureau to:					
<input type="checkbox"/> Install a new automatic fire alarm system			<input type="checkbox"/> Modify an existing automatic fire alarm system		
Site Location		Address		Business Name	
Applicant (or Contractor)		Name		Street Address	
City		State	Zip Code	Phone Number	Email Address
Automatic Fire Alarm Systems		Type of System (Automatic, Manual, Combined)		Total Area of Coverage	Total Number of Devices
Type of Device		Temperature Rating of Heat Detectors		Applicable NFPA Standards Used	
Special Hazards to be Protected (high-piled storage, flammable liquids, etc.)					
Additional Information:					
Permit Fee Calculation (NOTE: \$100.00 MINIMUM PERMIT FEE <u>PLUS</u> STATE SURCHARGE)					
1. Enter the Fair Market Value of the job:				\$	_____
2. State surcharge (.0005 times value of 1 above)				\$	_____
3. Enter amount based on 2% x Fair Market value of 1 above: (If 2% x Fair Market value is under \$100.00, enter \$100.00 as a minimum fee)				\$	_____
4. Total permit fee for installation and plan review (add 2 and 3)				\$	_____
Information:					
The undersigned agrees to perform this job in accordance with the above information, attached plans and specifications, and the applicable provisions of the National Fire Protection Association Standard(s).					
For applications involving the installation of fire protection equipment, the applicant agrees to submit a copy of the plan for review. The plan will show the proposed installation(s) and the location, spacing, and type of equipment to be installed.					
For new installations or in situations where 25% or more of the system's equipment has been moved or changed, the applicant further agrees to conduct an acceptance test in the presence of a representative of the Moorhead Fire Prevention Bureau. The acceptance test must be scheduled at least 24 hours in advance.					
Applicant Name (Please print clearly): _____					
Applicant Signature: _____				Date: _____	
Approval by Authorized Fire Personnel:					
Fire Marshal Signature: _____				Date: _____	
Paid by:		Cash <input type="checkbox"/>	Check #: <input type="checkbox"/>	Permit # _____	