



**FIRE ALARM PERMIT APPLICATION**

Fire Prevention Division  
 500 W. Big Beaver Road  
 Troy, MI 48084  
 248-524-3419

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

License #: \_\_\_\_\_ Application Date: \_\_\_\_\_

Listed contractor is applying for a permit to install or alter fire protection equipment as indicated below at the following location: **PERMIT MUST BE POSTED ON JOB SITE.**

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

**When ready for inspection call 248-524-3419. 48 hours advance notice is required.**

|                                |               |   |                      |         |            |
|--------------------------------|---------------|---|----------------------|---------|------------|
| Minimum Permit Fee             |               |   |                      | \$70.00 |            |
| <u>EQUIPMENT TO INSTALL</u>    | <u>NUMBER</u> | X | <u>COST PER ITEM</u> | =       | <u>FEE</u> |
| Alarm Control Panel            | _____         |   | \$70.00              |         | _____      |
| Central Station Connection     | _____         |   | \$45.00              |         | _____      |
| First Initiating Device        | _____         |   | \$25.00              |         | _____      |
| Each Additional Device         | _____         |   | \$10.00              |         | _____      |
| First Auxiliary Control Device | _____         |   | \$25.00              |         | _____      |
| Each Additional Device         | _____         |   | \$10.00              |         | _____      |
| First Audio-Visual Device      | _____         |   | \$25.00              |         | _____      |
| Each Additional Device         | _____         |   | \$10.00              |         | _____      |
| First Communication Device     | _____         |   | \$25.00              |         | _____      |
| Each Additional Device         | _____         |   | \$10.00              |         | _____      |
| Other System / Equipment       | _____         |   | \$70.00              |         | _____      |
| <b>Total Fee</b>               |               |   |                      |         | _____      |

Additional Fees:  
 Each Re-Inspection during normal working hours: Hourly rate of \$70.00 per person with a minimum assessment of one (1) hour.  
 Each Re-Inspection during non-working hours: Hourly rate of \$105.00 per person with a minimum assessment of three (3) hours.

\_\_\_\_\_  
 Signature of Contractor or  
 Authorized Representative

\_\_\_\_\_  
 Initials of Fire Dept.  
 Plan Reviewer

\_\_\_\_\_  
 Initials of Building Dept.  
 Permit Issuer

Premise File #: \_\_\_\_\_ Review Date: \_\_\_\_\_ Expiration: \_\_\_\_\_

Comments: \_\_\_\_\_

Building Permit Number  
PB \_\_\_\_\_

**FIRE ALARM**