

PERMIT/INSPECTION FEES

MAIN FORM

APPLICANT (Applicant/Contractor: please fill-in appropriate areas)

Applicant Name:	Project Address:
Street Address:	Parcel ID:
City, State, and Zip:	Project Description:
Applicants Phone:	
Contractor/Owner:	
Contractor's License #:	(please submit PDF plans if possible, with paper copies)

For official use only

Date Received:	Bld. Permit #:	Total amount Paid:
Date Issued:	Fire Permit #:	(please call 467-1586 to schedule inspections)

Life Safety Plan Review (Site/Constructions/Additions/etc.) (Circle fee that applies)

FEE	Site Plans	Construction Related
\$100.00	Less than 10,000 sq./ft. OR Less than 10 Units:	
\$200.00	10,000 to 24,999 sq./ft. OR 10 to 24 Units:	
\$300.00	Equals/Exceeds 25,000 sq./ft. OR 25 Units:	
\$0.05	(Multiply) the square footage of the areas under construction/life safety areas:	

FIRE ALARM SYSTEM (USE FORM "A")

INCLUDES: Alarms/Detectors/Panel/Applicable devices

NOTE: (Transfer total fee cost from form "A" to this box)	\$
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FIRE PROTECTION SYSTEMS/MISC. (USE FORM "B")

INCLUDES: Standpipes/Pumps/Underground Fire Main/Booth/Clean Agents/Hoods

NOTE: (Transfer total fee cost from form "B" to this box)	\$
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FLAMMABLE/HAZARDOUS TANK/STORAGE CONTAINERS (USE FORM "C")

INCLUDES: (ABOVE/BELOW GROUND) & (INSTALLATION/REMOVAL)

NOTE: (Transfer total fee cost from form "C" to this box)	\$	
\$100.00	FIRE WORKS (RETAIL DISPLAY) (per display)	\$
\$50.00	EMERGENCY GENERATOR (per each generator)	\$
Total cost of anything listed on attached fee schedule not listed on main page:		\$

Note: Inspections for any tests associated with plan review is included in plan reviews

TOTAL FEES: \$

SEE ATTACHED FIRE DEPARTMENT FEE SCHEDULE TO ASSIST WITH COMPLETING FORMS

FIRE PROTECTION/SUPPRESSION

SECTION A: MUST BE COMPLETED BY CONTRACTOR/APPLICANT

FORM B

Date: _____ Job Name: _____ Fire Permit #: _____

Suppression Contractor: _____ License Number: _____

Contact number: _____ Parcel ID #: _____

Project Location: _____ # of floors: _____ Square footage: _____

Type of System: 13/13R/13D/Standpipe/Clean Agent/Hood Suppression/Paint Booth/Fire main/Wet/Dry (circle all that applies)

Make of Backflow prevention: _____ Main Size: _____

of Risers: _____ Fire Pump GPM: _____ Electric: _____ Diesel: _____

Job Valuation (COST): _____

Manufacturer, Model and Listing Number of Sprinkler heads/Nozzles: Hood System Type: UL300: Other:

QTY.	MODEL	LISTING #

QTY.	MODEL	LISTING #

SECTION B: (TO BE COMPLETED BY FIRE DEPT. STAFF)

TOTAL NUMBER OF HEADS/NOZZLES: _____ X **0.50** SUB-TOTAL: _____

TOTAL NUMBER OF SYSTEMS/ETC. _____ X 75.00 100.00 125.00 150.00 SUB-TOTAL: _____
(Circle appropriate amount)

(if more than one, write in additional and add to subtotal) **Transfer this total to main page:** TOTAL: _____

ENGINEERED STAMP/SEAL REQUIRED IF JOB COST IS OVER \$5,000
 NOTE: THREE SETS OF PLANS REQUIRED AND IF POSSIBLE, AN ELECTRONIC PDF VERSION

SIGNATURE OF CONTRACTOR/AUTHORIZED AGENT

DATE

FOR OFFICIAL USE ONLY

BUILDING PERMIT# _____

PLANS ATTACHED YES NO

TANK/HAZARDOUS/MISC.

SECTION A: MUST BE COMPLETED BY CONTRACTOR/APPLICANT

FORM C

Date: _____ Job Name: _____ Fire Permit #: _____

Contractor: _____ License Number: _____

Contact number: _____ Parcel ID #: _____

Project Location: _____ # of tanks: _____

Type of Tank: _____ New: _____ Install: _____ Removal: _____ Piping only: _____

Tank Capacity(gallons): _____ Liquid: _____ Gas: _____

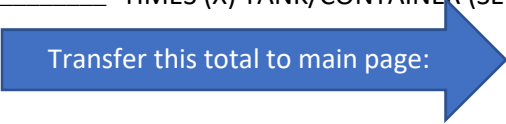
Above Ground: _____ Below Ground: _____ Secondary Containment type: _____

Scope of work: _____

Site plan (rough draft is acceptable for small projects): _____

TOTAL NUMBER OF TANKS/CONTAINERS: _____ TIMES (X) TANK/CONTAINER (SEE FEE SCHEDULE)

(SEE FEE SCHEDULE)
FEE FOR PERMIT: _____



TOTAL COST: _____

SIGNATURE OF CONTRACTOR/AUTHORIZED AGENT

DATE

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BUILDING PERMIT# _____

PLANS ATTACHED: YES NO