



500 West Big Beaver Rd.
Troy, MI 48084-5254
www.troymi.gov/fire

Fire Alarm Permit Application
Fire Prevention Division
P: 248.524.3419

Building Permit Number: PB: _____ - _____ Date: _____

Contractor: _____ Phone: _____

Address: _____

Contact Name: _____ Phone: _____

License #: _____ Email: _____

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			\$90.00	CLEAR NO. COUNT
<u>EQUIPMENT TO INSTALL</u>	<u>NUMBER</u>	<u>X</u>	<u>COST PER ITEM</u>	<u>= FEE</u>
Alarm Control Panel	_____		\$90	\$ 0.00
Monitoring Station Connection	_____		\$45	\$ 0.00
First Initiating Device	_____		\$25	\$ 0.00
Each Additional Device	_____		\$10	\$ 0.00
First Auxiliary Control Device	_____		\$25	\$ 0.00
Each Additional Device	_____		\$10	\$ 0.00
First Audio-Visual Device	_____		\$25	\$ 0.00
Each Additional Device	_____		\$10	\$ 0.00
First Communication Device	_____		\$25	\$ 0.00
Each Additional Device	_____		\$10	\$ 0.00
Other System / Equipment	_____		\$90	\$ 0.00
Total Fee				\$ 0.00

Additional Fees:
 Each Re-Inspection during normal working hours: Hourly rate of \$90.00 per person with a minimum assessment of one (1) hour.
 Each Re-Inspection during non-working hours: Hourly rate of \$135.00 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: _____