

TRAVERSE CITY FIRE DEPARTMENT
FIRE PREVENTION BUREAU
500 WEST FRONT ST. TRAVERSE CITY, MI 49684
PHONE: (231)922-4930 FAX: (231)922-4872



FIRE ALARM/DETECTION SYSTEM PERMIT APPLICATION

DATE: _____ PERMIT # _____ (FOR OFFICE USE ONLY)

APPLICANT NAME: _____ CONTACT: _____

APPLICANT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT PHONE NUMBERS: DAYTIME: _____

CELL: _____ EMAIL: _____

PROJECT NAME: _____

SPECIFIC BUILDING USE: _____

SITE ADDRESS: _____

CODE/STANDARD/YEAR USED FOR DESIGN: _____

PLAN REVIEW AND FEE SCHEDULE

<u>EQUIPMENT</u>	<u>NUMBER</u>	<u>X</u>	<u>COST PER ITEM</u>	<u>=</u>	<u>FEE</u>
Alarm control panel	_____		\$115.00		_____
Each remote annunciator	_____		\$ 30.00		_____
Each booster power supply	_____		\$ 22.50		_____
Each alarm/supervisory/auxillary device point connection	_____		\$ 6.50		_____
Each notification device/speaker	_____		\$ 3.50		_____
TOTAL PERMIT FEE					_____

Minimum permit fee \$100.00 for minor system modifications (at discretion of reviewer)

One (1) inspection included in permit fee
Additional inspections charged at \$100.00 per hour, minimum one (1) hour charge.

Work started prior to review and issuance of permits shall incur an additional fee of %20 above normal established fee.

Plans and application shall be submitted to Kfritz@tcfire.org

APPLICANT SIGNATURE: _____