



Fire Department / Building Safety
 307 South Randolph St.
 Champaign, IL 61820
 P (217) 403-6100 F (217) 403-6114

Fire Alarm Permit Application

Project Address: _____

Owner: _____ Phone: _____

Contractor: _____ Phone: _____ Fax: _____

Address: _____ E-mail: _____

Application Date: _____ Total Contract Price: \$ _____

Description of Work: New Alteration Replacement

Permit Fee = Contract Price:	First	\$0 to \$5,000	x .025
	the next	\$5,000 to \$25,000	x .0125
	the next	\$25,000 to \$50,000	x .0063
	then	\$50,000 and up	x .0031

Permit Fee: \$ _____ (\$45 min.)

(check box) - I have read and confirm the following statement.
 I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Inspector _____