



BUILDING APPLICATION
Fire Alarm

For Office Use
Permit Number: _____ Fire Alarm Fees Paid

1. Property Owner
Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

2. Contractor
Business: _____ State License #: _____ Exp.: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____
Contact/Rep. Name: _____ Phone: _____ Email: _____

Contractor Authorized Signature: _____ **Date:** _____
A copy of your state registration/license is required to be on file. If this is the first time you have done work in the City of Rexburg, please provide a photo copy of your license. If you are unsure if your license is on file, please check with the Permit Technician by calling (208) 372-2341.

3. Project Description
Address: _____
Description of work: _____
 Fire Alarm System Cost: \$ _____

- Fees for fire alarm systems are charge by cost:
 - First \$10,000 = 2% + \$60. From \$10,000 to \$100,000 = 1% + \$260. Above \$100,000 = .5% + \$1,160. i.e. Work costing \$15,000 will be charged \$260 for the first \$10,000 and 1% of the remaining \$5,000 = \$260 + \$50 = \$310 total fee
- There will also be a plan review fee totaling 10% of the above fee.

APPLICANT'S SIGNATURE, CERTIFICATION AND AUTHORIZATION: Under penalty of perjury, I hereby certify that I have read this application and state that the information herein correct and I swear that any information which may hereafter be given by me in hearings before the Planning and Zoning Commission or the City Council for the City of Rexburg shall be truthful and correct. I agree to comply with all City regulations and State laws relating to the subject matter of this application and hereby authorized representatives of the City to enter upon the above-mentioned property for inspections purposes. NOTE: The building official may revoke a permit on approval issued under the provisions of the 2012 International Code in cases of any false statement or misrepresentation of fact in the application or on the plans on which the permit or approval was based. Permit void if not started within 180 days. Permit void if work stops for 180 days.

Applicant's Name (print): _____ Signature: _____ Date: _____