



BRAINERD FIRE DEPARTMENT
Fire Inspections
23 Laurel Street
Brainerd, MN 56401
218-828-2312
218-828-2331 (FAX)
Web: www.ci.brainerd.mn.us



Fire Alarm System Permit Application

Location of Work:	_____
Business Name:	_____
Owner:	_____ Phone No: _____
Applicant Name:	_____
Address:	_____
Contact Person:	_____ Phone No: _____
Type of System:	_____
Description of Work:	_____ _____ _____ _____ _____
Dates of Work:	_____
Application submittal must include: 1. Completed NFPA 72 record of completion. 2. Scaled drawings documenting locations of all appliances. 3. Manufacturer's specifications on alarm panel and all appliances. 4. Description of zones. 5. **Monitoring & Fire Alarms Systems Installing Checklist (policy)	
Applicants Signature _____	Date _____
**Must include all items listed on Monitoring and Fire Alarm Systems Installation Policy	