MONTCALM COUNTY DEPARTMENT of BUILDING SAFETY

211 W Main St -- P.O. Box: 368, Stanton, MI 48888

Phone: 989-831-7394 -- Email: building@montcalmcountymi.gov

Fire Suppresion / Protection Permit Application

Complete all sections of application applicable to the project. Incomplete applications will delay issuance of the permit

This section for office use only		
Application Received Date:	**Project Number:**	**Permit Number:**

PLAN TYPE TO BE REVIEWED	☐ Fire Suppression	☐ Fire Alarms	**PROJECT TYPE**	☐ New Construction	☐ Alteration

(REQUIRED) JOB LOCATION

Site Address	*City/Village*	*Township*
Parcel/Tax I.D. No.	*Lot/Unit Number*	*Plat or Condominium Name*

(REQUIRED) OWNER / LESSEE CONTACT INFORMATION

First Name, Last Name			*Phone Number 1*
Mailing Address:			*Phone Number 2*
City	*State*	*Zip*	*Email Address*

(REQUIRED) LICENSED CONTRACTOR INFORMATION

First Name, Last Name, or Business Name				*Phone Number 1*
Mailing Address:				*Phone Number 2*
City	*State*	*Zip*		*Email Address*
Contractor Lic. Number	*Expiration Date*	*Tax ID Number*	*MESC*	*Workers Comp Insurance*
Contractor License Name	*License Exparation Date*			*Mechanical License Catagories* *1 2 3 4 5 6 7 8 9 10 Catagories*_____
Mailing Address	*City*		*State*	*Zip*

DESIGN PROFESSIONAL INFORMATION

First Name, Last Name, or Business Name			*Phone Number 1*
Mailing Address:			*Phone Number 2*
City	*State*	*Zip*	*Email Address*

BUILDING INFORMATION

Michigan Building Code Commercial and Multi-Unit Residential Use Group - Check AllThat Apply

☐ A - 1	☐ A - 2	☐ A - 3	☐ A - 4	☐ A - 5
☐ B	☐ E	☐ F - 1	☐ F - 2	☐ M
☐ H - 1	☐ H - 2	☐ H - 3	☐ H - 5	☐ U
☐ I - 1	☐ I - 2	☐ I - 3	☐ I - 4	☐ S - 1
☐ R - 1	☐ R - 2	☐ R - 3	☐ R - 4	☐ S - 2

TYPE OF CONSTRUCTION

☐ Type I - A	☐ Type II - A	☐ Type III - A	☐ Type IV	☐ Type V - A
☐ Type I - B	☐ Type II - B	☐ Type III - B		☐ Type V - B

If Mixed Use Building - Choose Applicable Type: ☐ Non-Seperated Occupancies ☐ Separated Occupancies ☐ Unlimited

Describe Proposed Use of Building:

APPLICANT SIGNATURE *(Applicant is responsible for payment of all applicable fees and charges to this application)*

Applicant Signature	*Print Name*	*Date*

COMPLETE APPLICATION ON REVERSE SIDE

Update: November 17th 2025

FEE SCHEDULE

ITEM DESCRIPTION:	Unit Fee	# Items	TOTAL
Base Fee -- All Permits - *(This does not cover an inspection)*	$60.00	1	$60.00
Final Inspection -- All Permits	$60.00	1	$60.00
Additional Inspections	$60.00		
Plan Review -- (Per Hour)	$40.00		
Suppression Systems -- Per Head -- (Minimum $15.00)	$0.50		
WORK STARTED PRIOR TO OBTAINING PEMRIT: SEE NOTE BELOW			
BILLING FOR INCOMPLETE FORMS	$20.00		
		TOTAL:	

Permit Issued by:	Date:

NOTE: If you start work prior to obtaining a permit:

First time: Double the permit fee (at least $250).
Second time or more: Four times the permit fee (at least $500).

SUBMIT