



For Internal Use Only

Permit Fee: \$ _____

State Surcharge \$ _____

Review Fee \$ _____

Receipt # _____

FIRE SUPPRESSION APPLICATION

Property Information

Address: _____

Applicant is (check one): Owner Contractor Tenant

Property Owner/Tenant Information

Name: _____

Address: _____
Street City State Zip

Phone (W) _____ Phone (H) _____ Fax _____

Contractor Information

(Contractor must sign application only if they are pulling the permit)

Company Name: _____

Contact Person's Name _____

Address: _____
Street City State Zip

Phone (W) _____ Email _____

MN Registration #/Contractor License #: _____

Project Description

(Fire Suppression plan must be submitted with application)

Fire Suppression Valuation (REQUIRED) \$ _____

Permit Type

New

Alterations

Type of Use:

Residential

Other

Commercial

PLEASE CHECK ALL THAT APPLY:

- | | |
|---|---|
| <input type="checkbox"/> Wet System | <input type="checkbox"/> Double-Interlock |
| <input type="checkbox"/> Dry System | <input type="checkbox"/> Pre-Action System |
| <input type="checkbox"/> Deluge System | <input type="checkbox"/> Commercial Kitchen Hoods |
| <input type="checkbox"/> Fire Pump | <input type="checkbox"/> Halon |
| <input type="checkbox"/> Anti-Freeze Loop | <input type="checkbox"/> Foam System |
| <input type="checkbox"/> Fire Alarm | |

FEE SCHEDULE COMMERCIAL:

All Fire Suppression Systems Fire Alarm Systems	1% of the contracted price plus state surcharge. Minimum fee \$150
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This application becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Contractor's Company Name _____

Signature _____

Date _____

Inspections must be called for at least 24 hours in advance (218) 454-5113.