



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
--	--

---

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.**