



Appl: # _____

\$ _____ (Invoice)

FIRE SUPPRESSION SYSTEM PERMIT APPLICATION

3400 Plymouth Boulevard
Plymouth, MN 55447
General Information (763)509-5430
Inspection Scheduling (763)509-5449
FAX (763) 509-5407

Property Location: _____

~ OR ~

Legal Description: Lot _____ Block _____ Subdivision Name _____

Property I.D. (PIN) No. _____

*For non-invoiced customers, permits may be mailed in or faxed in (if no plans are required).
You will be called with the permit fee when the permit is ready to be picked up and paid for IN PERSON in Community
Development at City Hall. Note: Checks are not to be mailed with the permit application.*

Permit Type: Automatic Sprinkler Carbon Dioxide Clean Agent
 Dry Chemical Wet Chemical Other _____

Proposed Use:	<u>Residential</u>	<u>Non-Residential</u>
Single Family Detached	<input type="checkbox"/>	Church <input type="checkbox"/>
Townhouse	<input type="checkbox"/>	Commercial <input type="checkbox"/>
Two Family	<input type="checkbox"/>	Industrial <input type="checkbox"/>
Multi-Family	<input type="checkbox"/>	Public <input type="checkbox"/>
		Other _____

Estimated Cost: \$ _____

Applicant is: Contractor Other Owner Tenant

Name: _____ **Email:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone No.:** _____

State License: # _____ **Telephone No.:** _____ (Bus., pager, mobile)

Tenant Name (if applicable) _____ **Unit/Suite #** _____

Class of Work: Alteration (Additions, modifications, relocation or repairs made to any existing system)
 New (Installation of a complete system)
 Removal

If Class of Work is an Addition or Alteration, complete the following:

Existing System Design: Hydraulic Pipe Schedule Other
Proposed System Design: Hydraulic Pipe Schedule Other

If Automatic Sprinkler System, indicate system type:

Deluge Dry Pre-action Wet

Number of sprinkler heads: _____ (Note: Plans are required for any pipe schedule system, kitchen hood system, paint spray booth, or when over 10 sprinkler heads of a hydraulic system.)

Describe Proposed Work: _____

Are you approved as an Invoice Contractor? Yes No

If yes, are the fees for this permit to be invoiced? Yes No

I HEREBY APPLY FOR A FIRE PROTECTION PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT.

I UNDERSTAND AND HEREBY AGREE THAT THE WORK FOR WHICH THE PERMIT IS ISSUED SHALL BE PERFORMED ACCORDING TO THE FOLLOWING: (1) THE CONDITIONS OF THE PERMIT, (2) THE APPROVED PLANS AND SPECIFICATIONS, (3) THE APPLICABLE CITY APPROVALS, ORDINANCES AND CODES, (4) THE STATE BUILDING/FIRE CODES.

I UNDERSTAND THAT THE PERMIT WILL EXPIRE AND BECOME NULL AND VOID IF WORK IS NOT STARTED WITHIN 180 DAYS OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANYTIME AFTER WORK HAS COMMENCED; AND, THAT I AM RESPONSIBLE FOR ENSURING THAT ALL REQUIRED INSPECTIONS ARE REQUESTED IN CONFORMANCE WITH THE STATE BUILDING/FIRE CODES.

Applicant's Signature

Date

Please Print Applicant's Name

For Plan Review Use Only

Inspection Types (to be checked)

Air Test Alarm System Test Concentration Test Final
 Hydrostatic Test Rough- In System Activation Test Trip Test

Fees (to be checked) Penalty Permit Plan Check Reduced Plan Check Surcharge

If more than 10 sprinkler heads, plans required
 If storage occupancy, a high piled storage evaluation form req'd.
 Hydraulic calculations submitted.
 Manufacturer's specifications submitted.

Authorized For Issuance: Yes No
If not, why? _____

Permit Purpose (Remarks) _____

Signature: _____

Date: _____