



Permit Application for Suppression System



430 Third St., Farmington, MN 55024
651-280-6945 Fax-651-280-6839

Date _____

Permit No. _____

Site Address	_____
Tenant/Bldg Name	_____

Applicant: Owner ____ Contractor ____ Other _____

Property Owner	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
Contractor	Company _____ Phone No. _____
	Contractor License No.: _____ Expiration Date _____
	Contact Person (Print) _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____

Contractor's Total Valuation \$ _____

Permit Fee _____

Fire Permit Type			
<input type="checkbox"/> 40 - Wet Sprinkler Sys.	<input type="checkbox"/> 43 - Deluge System	<input type="checkbox"/> 46 - Standpipe System	<input type="checkbox"/> 49 - Chemical Cook/Fry
<input type="checkbox"/> 41 - Dry System	<input type="checkbox"/> 44 - Anti-Freeze System	<input type="checkbox"/> 47 - Wet Cook/Fry	<input type="checkbox"/> 50 - Residential Sprinkler
<input type="checkbox"/> 42 - Pre-action System	<input type="checkbox"/> 45 - Fire Pump	<input type="checkbox"/> 48 - Spray Booth/Hood	<input type="checkbox"/> 99 - Other
<hr/>			
Work Type	<input type="checkbox"/> 80 - New	<input type="checkbox"/> 81 - Remodel/Alt.	<input type="checkbox"/> 82 - Addition
			<input type="checkbox"/> 83 - Repair

Number of Heads _____

Permit Fee = 1.5% of Contract Cost for the 1st \$10,000 – 1% over \$10,000 (Minimum Charge \$50.00)

EX: Value \$12,000 \$150.00 – 1st \$10,000
\$ 20.00 – Add'l 2,000 (over 10,000)
Total Fee \$170.00

Additional Plan Review fee - \$75.00 per hour (other than initial review)

CONTACT DEPUTY FIRE CHIEF MATTHEW PRICE FOR PLAN REVIEW AND INSPECTIONS – 651-280-6945

OVER

A COPY OF THE LICENSE MUST ACCOMPANY THE APPLICATION FOR PERMIT.

This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.

I hereby apply for a Suppression System permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Farmington and with the Minnesota Building/Fire Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

_____/_____
Applicant's Signature/Date

For further information please call the following numbers from 8:00 a.m. to 4:30 p.m.

Inspection of plan review information: 651-280-6945 – Matthew Price
Permit and fee information: (651) 280-6940

Office Use	<input type="checkbox"/> 50 - Hydrostatic	<input type="checkbox"/> 53 - Alarm/Dialer	<input type="checkbox"/> 56 - Inspector Test
Required Inspections:	<input type="checkbox"/> 51 - Trip Test	<input type="checkbox"/> 54 - Pipe/Nozzle	<input type="checkbox"/> 57 - Tamp/Valve
Inspection Umbrella Code: SS	<input type="checkbox"/> 52 - Fire Pump	<input type="checkbox"/> 55 - Flow Test	<input type="checkbox"/> 58 - Head Locations
			<input type="checkbox"/> 02 - Final
Office Use	Preliminary ____	Final ____	Resubmittal ____
Review Type:			(Plan review fee only)

Permit Approved By:

Date Approved:
