

# Fire Permit Application

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Job Site Address		Unit #
Total Project Valuation \$ <i>(must include material and labor costs)</i>		Applicant Is <input type="checkbox"/> Owner <input type="checkbox"/> Contractor

### Business Name

Name			
Street Address	City	State	ZIP
Email			Phone

### Contractor

Name		License #	Contact Person	
Street Address	City	State	ZIP	
Email		Phone		Cell Phone

Property Use	Type Of Permit	Type Of System
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Industrial <input type="checkbox"/> Public <input type="checkbox"/> Other _____	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Hood & Duct <input type="checkbox"/> Standpipes <input type="checkbox"/> Fireworks <input type="checkbox"/> Special Extinguishing System <input type="checkbox"/> Christmas Trees Lot <input type="checkbox"/> Underground Tank (UST) <input type="checkbox"/> Fire Pump <input type="checkbox"/> Above Ground Tank (AST) <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Piping/Dispensers <input type="checkbox"/> Tent/Canopy <input type="checkbox"/> Others _____	<input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C <input type="checkbox"/> NFPA 72 <input type="checkbox"/> NFPA 17A <input type="checkbox"/> NFPA 2001 <input type="checkbox"/> Others _____
Type Of Work		
<input type="checkbox"/> New System <input type="checkbox"/> Existing System <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Removal <input type="checkbox"/> Abandonment <input type="checkbox"/> Recall <input type="checkbox"/> Other _____		

Specific Description Of Work To Be Completed	Fire Permit Fees	
	<b>Permit Fee</b>	\$
	<b>Plan Check Fee</b>	\$
	<b>Total Fees Due</b>	\$

→ continued



This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.



**Signature**

*Permit becomes void if work does not begin within 180 days or if suspended at any time for over 180 days. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Golden Valley. The Undersigned has also read and agrees to the data practices advisory statement at the bottom of this page.*

Applicant's Signature

**X**

Date

**Notes**

**DATA PRACTICES ADVISORY:** The data you supply in this application will be used to assess your qualifications for a permit and will become public data under the Minnesota Government Data Practices Act when received by the City of Golden Valley. This data is not legally required, but the City will not be able to grant the permit without it. The data is needed to distinguish this application from others, to identify this application in City permit files, to verify the identity of the applicant, to contact the applicant if additional information is required, and to determine if the applicant meets all ordinance requirements. Under Minnesota law (M.S. 270.72), the City may be required to provide the business tax identification number and social security number of each applicant to the Minnesota Commissioner of Revenue.

**Staff Use Only**

Permit Approved By

Date Approved

**Required Inspections**

- |                                          |                                            |                                                            |                                          |                                         |
|------------------------------------------|--------------------------------------------|------------------------------------------------------------|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Plan Review     | <input type="checkbox"/> Site Inspection   | <input type="checkbox"/> Tank Cleaning/Purging             | <input type="checkbox"/> Head Locations  | <input type="checkbox"/> Smoke Detector |
| <input type="checkbox"/> Tank Removal    | <input type="checkbox"/> Tank Installation | <input type="checkbox"/> Piping: Installation/<br>Coverage | <input type="checkbox"/> Central Station | <input type="checkbox"/> Anunciator     |
| <input type="checkbox"/> Hydrostatic     | <input type="checkbox"/> Fire Pump         | <input type="checkbox"/> Alarm/Dialer                      |                                          |                                         |
| <input type="checkbox"/> Audible/Visible | <input type="checkbox"/> Heat Detection    | <input type="checkbox"/> Pull Station                      |                                          |                                         |
| <input type="checkbox"/> Flow Test       | <input type="checkbox"/> Final             |                                                            |                                          |                                         |
| <input type="checkbox"/> Other _____     |                                            |                                                            |                                          |                                         |