



3301 Silver Lake Road  
 St. Anthony Village, Minnesota 55418  
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**APPLICATION FOR FIRE SUPPRESSION PERMIT**

Date of Application \_\_\_\_\_

Date Contractor Notified \_\_\_\_\_

Job Site Address: \_\_\_\_\_ Unit # \_\_\_\_\_ Zip \_\_\_\_\_

Total Project Valuation: \$ \_\_\_\_\_  
 (must include material and labor costs)

Applicant Is:  Owner  Contractor

**Property Owner**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Contractor**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_ License # \_\_\_\_\_

Property Use	Type of Structure	Type of Work	Fire Permit Fees
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Public	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Extinguishing System <input type="checkbox"/> Flammable / Combustible <input type="checkbox"/> Liquid Storage Tank <input type="checkbox"/> Liquid Dispensing System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Tent / Canopy <input type="checkbox"/> Fireworks	<input type="checkbox"/> New / Installation <input type="checkbox"/> Existing / Alteration <input type="checkbox"/> Repair / Replace <input type="checkbox"/> Removal <input type="checkbox"/> Abandonment <input type="checkbox"/> Tent Erection <input type="checkbox"/> Public Fireworks Display	Administration Fee: \$20.00 Fire Permit Fee: _____ Plan Check Fee: _____ State Surcharge: _____ Investigation Fee: _____ <b>TOTAL FEES DUE:\$ _____</b>

**Specific Description of Work to be Completed**

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 St. Anthony regulating building construction.

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*For Office Use Only*

Permit # \_\_\_\_\_ Project # \_\_\_\_\_ Approved \_\_\_\_\_ Issued \_\_\_\_\_

**Miscellaneous Information**

Number of Units \_\_\_\_\_  
Number of Buildings \_\_\_\_\_  
Number of SAC Units \_\_\_\_\_  
Property Zoning \_\_\_\_\_  
**Occupancy Group** \_\_\_\_\_  
**Type of Construction** \_\_\_\_\_

**Building Information**

Number of Stories \_\_\_\_\_  
Total Square Footage \_\_\_\_\_  
Height \_\_\_\_\_  
Length \_\_\_\_\_  
Width \_\_\_\_\_  
  
**Sprinkler System:**  
  
**NFPA: 13** \_\_\_ **13R** \_\_\_ **13D** \_\_\_ **231** \_\_\_ **231C** \_\_\_  
  
**Coverage:** \_\_\_\_\_ %  
  
**Alarm System:**  
  
**NFPA: 72** \_\_\_ **High-Rise** \_\_\_

**Required Inspections**

- |   |  |
|---|--|
| <input type="checkbox"/> No Inspection Required           | <input type="checkbox"/> Hydrostatic Pressure Test               |
| <input type="checkbox"/> Consultation                     | <input type="checkbox"/> Pneumatic / Vacuum Test                 |
| <input type="checkbox"/> Plan Review                      | <input type="checkbox"/> Dry System Air Test                     |
| <input type="checkbox"/> Site Inspection                  | <input type="checkbox"/> System Operation; Pump                  |
| <input type="checkbox"/> Fire Watch                       | <input type="checkbox"/> System Operation; Flow / Discharge      |
| <input type="checkbox"/> Tent Erection                    | <input type="checkbox"/> System Operation; Initiating Device(s)  |
| <input type="checkbox"/> Tank Cleaning / Purging          | <input type="checkbox"/> System Operation; Signaling Device(s)   |
| <input type="checkbox"/> Tank Removal                     | <input type="checkbox"/> System Operation; Aununciator(s)        |
| <input type="checkbox"/> Tank Installation                | <input type="checkbox"/> System Operation; Central Alarm Station |
| <input type="checkbox"/> Flushing Underground Connections | <input type="checkbox"/> NFPA Form                               |
| <input type="checkbox"/> Piping; Installation / Coverage  | <input type="checkbox"/> Final                                   |