



APPLICATION FOR FIRE SUPPRESSION PERMIT

3301 Silver Lake Road
St. Anthony Village, Minnesota 55418
Office: (612) 782-3301
Fax: (612) 782-3302
www.ci.saint-anthony.mn.us

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 () _____

Contractor

Name _____
Address _____
City _____ State _____ Zip _____
Phone () _____ 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: _____ TOTAL FEES DUE:\$ _____

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 |