

**Application Form
Fire Protection
Systems Permit**

**Fire Inspections Services
Regulatory Services**
250 South 4th Street – Room 300
Minneapolis, MN 55415
Office 612-673-3000 or 311
Fax 612-673-3699
TTY 612-673-2157
www.minneapolismn.gov/fis



Office Use Only

Permit # _____
Amount \$ _____
CSR Initials _____ Date _____

APPLICATION FOR A FIRE PROTECTION SYSTEMS PERMIT

SYSTEM INFORMATION

ALARM ALTERNATIVE SUPPRESSION SPRINKLER SMOKE

SITE ADDRESS (INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL)

BUILDING or PROJECT NAME

APPLICANT

APPLICANT or BUSINESS NAME (applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other (describe): _____)		STATE/CITY LICENSE NO.	
NAME		PHONE	
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			

DESIGNER or ENGINEER (if applicable)

COMPANY		STATE/CITY LICENSE NO.	
NAME		PHONE	
ADDRESS	CITY	STATE	ZIP

PERMIT INFORMATION

TYPE OF WORK		OCCUPANCY TYPE		PROJECT SIZE
<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	Square Footage: _____
<input type="checkbox"/> Alteration	<input type="checkbox"/> Replacement	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other	
<input type="checkbox"/> Exchange	<input type="checkbox"/> Other	<input type="checkbox"/> Institution		
<input type="checkbox"/> New Construction				

Declared Valuation: \$ _____

Estimated Completion Date: _____

WRITTEN DESCRIPTION OF WORK

WORK DETAIL

<input type="checkbox"/> Dry Chemical System	<input type="checkbox"/> Gas Type Suppression System	<input type="checkbox"/> Standpipe System
<input type="checkbox"/> Fire Alarm & Communication System	<input type="checkbox"/> Private Water System (hydrants)	<input type="checkbox"/> Wet Chemical System
<input type="checkbox"/> Fire Pump	<input type="checkbox"/> Smoke Control System	<input type="checkbox"/> Other
<input type="checkbox"/> Foam System	<input type="checkbox"/> Sprinkler System	

FEE CALCULATION

Fees for the installation, alteration, reconstruction, or repair of any Fire Protection system or appliance are computed on the basis of contract cost of the proposed work. The fees established by City Code must be collected at the time of application for permit. No permit will be reviewed or processed until the fee is paid. There is a minimum fee of \$75.40.

For a fee schedule, go online to minneapolismn.gov/fis or call 612-673-3000.

1.	Base permit fee (total of fees in fee schedule):	
2.	Plan review fee (if required, 65% of base fee (Item #1 above)):	
3.	Flat fee (see Fire Inspections Services fee schedule):	
4.	Subtotal (minimum fee is \$75.40):	
5.	Minnesota State Surcharge (based on contract cost): If job valuation is \$1.00 to \$1,000,000.00, the state surcharge is (job valuation x .0005) If job valuation is greater than \$1,000,000, please contact Fire Inspections Services	
6.	Total Fee:	

I hereby apply for a Fire Protection Systems 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 Minneapolis and the Minnesota State Building and Fire Codes; that I understand that this is not a permit but only an application for a permit and construction work is not to start without a permit; that the work will be in accordance with the approved plans when plans are approved.

SIGNATURE _____ **DATE** _____

IMPORTANT INFORMATION

Please see the [Fire Suppression System Project Information Form](#) or the [Fire Alarm System Information Form](#) as they may need to be included with your application or submitted plans. These additional forms will list, in detail, other information required by the City in order to issue a permit.

PAYMENT OPTIONS

In person at the Minneapolis Development Review counter, Monday through Friday, 9:00 AM to 3:00 PM:

Public Service Center
250 South 4th Street, Room 300
Minneapolis, MN 55415

By mail, with a check payable to Minneapolis Finance Department, or the below credit or debit card information, mailed to:

Fire Inspection Services
250 South 4th Street, Room 300
Minneapolis, MN 55415

MasterCard or Visa only

Card Number _____

Expiration Date _____ CVV _____

By secure fax, with the below credit or debit card information:

MasterCard or Visa only

Card Number _____

Expiration Date _____ CVV _____

Secure fax to **612-673-3699**