

**Application Form
Fire Protection
Systems Permit**

**Inspections Services
Regulatory Services**
505 South 4th Avenue, Room 510A
Minneapolis, MN 55415
Office 612-673-3000 or 311
Fax 612-673-3699
TTY 612-673-2157
minneapolismn.gov/fire-permits

Office Use Only

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



APPLICATION FOR A FIRE PROTECTION SYSTEMS PERMIT

SYSTEM INFORMATION	
<input type="checkbox"/> ALARM <input type="checkbox"/> ALTERNATIVE SUPPRESSION <input type="checkbox"/> SPRINKLER <input type="checkbox"/> 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"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Exchange <input type="checkbox"/> Other <input type="checkbox"/> New Construction	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/> Institution	Square Footage: _____
Declared Valuation: \$ _____		Estimated Completion Date: _____
WRITTEN DESCRIPTION OF WORK		

V1.02

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/fire-permits 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 City of Minneapolis Service Center, Monday through Friday, 7:30 AM to 4:00 PM:

Public Service Building
505 South 4th Avenue, Room 510A
Minneapolis, MN 55415

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

Inspection Services
505 South 4th Avenue, Room 510A
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**

For reasonable accommodations or alternative formats please contact 311 at 612-673-3000. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850. Para asistencia, llame al 311. Rau kev pab 311. Hadii aad Caawimaad u baahantahay 311.