



# FIRE SYSTEMS PERMIT APPLICATION

West Metro Fire Rescue District

4401 Xylon Avenue North 55428 763- 537-2323

|   |  |   |   |
|---|--|---|---|
| Site Address  |  |   |   |
| Owner/Tenant/Building Name  |  | Address (if different than above - include City, State, Zip) Phone:<br>Fax:   |   |
| Contractor  |  | Address (include City, State, Zip) Phone:<br>Fax:   |   |
| Electrician   |  | Address (include City, State, Zip) Phone:<br>Fax:   |   |
| <b>Work Type</b><br>New<br>Alteration<br>Miscellaneous  |  | Estimated Start Date:<br><br>Estimated Completion Date:   | Plans submitted:<br>Yes      No<br><br>Number of heads: |
| <b>Note: Separate permits are required for electrical work.</b>   |  |   |   |
| <b>Fire Permit Types</b><br>Sprinkler Systems: Wet      Dry      Pre Action      Fire Pump      Other<br>Fire Alarm System      Monitoring System      Communicator      Other Fire Suppression   |  |   |   |
| <b>Describe Work</b>  |  |   |   |
| Value of work including labor: \$   |  |   |   |
| <b>Fee Schedule</b><br>Fee amount is \$50 for the first \$ 1,000 of work and \$5 for each additional \$500 of valuation above that amount.  |  |   |   |
| Approved by:<br>Inspections Required (to be circled by inspector approving permit)<br>Air Test      Hydro Test      24-HR Battery Test<br>Battery Test      Main Drain      Trip Test<br>Fire Pump Test      Other      Waterflow Test<br>Function Test      Rough In      Final<br><b>Please call 763-527-2323 for all inspections</b> |  | Permit Fee<br><br>State Surcharge<br>.0005 x Value of<br>Work (\$.50 min.)<br><br>Total Fee Due Upon<br>Application |   |
| <b>Notice</b> This permit becomes null and void if work or construction authorized is not commenced within 180 days or work is suspended or abandoned for a period of 180 days at any time after work is commenced.   |  |   |   |
| Contractor Signature: _____   |  | Date: _____   | State License #: _____<br><br>Expiration Date: _____    |
| <b>APPLICATIONS MUST INCLUDE PLANS. DO NOT BEGIN WORK WITHOUT A PERMIT!</b><br><b>Make checks payable to the City of New Hope. Mail plans, check and application to City of New Hope</b>  |  |   |   |
| Visa/MasterCard: _____ Expiration Date: ____/____   |  |   |   |
| Name (print): _____ Signature: _____  |  |   |   |
| Billing Address: _____  |  |   |   |