FIRE DEPARTMENT

PERMIT APPLICATION

|  |  |
| --- | --- |
| APPLICATION DATE:  |  |
| TYPE OF WORK:  |  |
|  |
| ESTIMATED DATE OF COMPLETION: |  |

SITE ADDRESS:

SITE NAME:

OWNER PHONE:

CONTRACTOR:

ADDRESS:

CONTRACTOR PHONE: FAX:

FEE SCHEDULE PER CITY ORDINANCE:

 Fire Permit Fee ------------------------------------------------------- $**66.50**

The undersigned hereby agrees to do all the work in accordance with the Ordinances of the City, MN State Building Code, MN State Fire Code, to all recognized standards, and the conditions listed on the back of this application.

Sign

Print/Type Name