



Fire Suppression System Permit Application

Appl # _____

3400 Plymouth Blvd • Plymouth, MN 55447

763-509-5430 • 763-509-5407 (fax)

\$ _____

www.plymouthmn.gov • inspections@plymouthmn.gov

REV: 3/4/2020

PROPERTY INFORMATION			
SITE ADDRESS	SUITE	DATE	
PROPERTY OWNER / TENANT			
APPLICANT INFORMATION			
Applicant is: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant		COMPANY NAME	STATE LIC#
APPLICANT'S NAME	PHONE #	COMPANY ADDRESS	
EMAIL ADDRESS		CITY	STATE ZIP
USE TYPE	CONSTRUCTION CATEGORY		
<input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Residential <input type="checkbox"/> New Building OR <input type="checkbox"/> Existing Building	<input type="checkbox"/> Church <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/> Public <input type="checkbox"/> Multi-Fam <input type="checkbox"/> Single Fam Det. <input type="checkbox"/> Townhouse <input type="checkbox"/> Two Family		
CLASS OF WORK			
<input type="checkbox"/> Alteration (Additions, modifications, relocation, repairs or removal of any existing system		<input type="checkbox"/> New (Installation of a complete system)	
<input type="checkbox"/> Principal Building <input type="checkbox"/> Accessory Building <input type="checkbox"/> Other		DESCRIPTION OF WORK:	
			Project Valuation: \$
PERMIT TYPE			
<input type="checkbox"/> Automatic Sprinkler <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Clean Agent <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Wet Chemical <input type="checkbox"/> Other _____			
If Class of Work is an Alteration, complete the following:			
Existing System Design: <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pipe Schedule <input type="checkbox"/> Other			
Proposed System: <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pipe Schedule <input type="checkbox"/> Other			
If Automatic Sprinkler System, indicate system type: <input type="checkbox"/> Deluge <input type="checkbox"/> Dry <input type="checkbox"/> Pre-action <input type="checkbox"/> Wet			
Number of sprinkler heads: _____ (Note: Plans are required for any pipe schedule system, kitchen hood system, paint spray booth, or when over 10 sprinkler heads of a hydraulic system.)			
Applicant: Please read and sign below			
I hereby apply for a fire protection permit and I acknowledge that the information above is complete and accurate; I understand this is not a permit and work is not to start without a permit.			
I understand and hereby agree that the work for which the permit is issued shall be performed according to the following: (1) the conditions of the permit, (2) the approved plans and specifications, (3) the applicable city approvals, ordinances and codes, (4) the state building/fire codes.			
I understand that the permit will expire and become null and void if work is not started within 180 days or if work is suspended or abandoned for a period of 180 days anytime after work has commenced; and, that I am responsible for ensuring that all required inspections are requested in conformance with the state building/fire codes.			
APPLICANT'S SIGNATURE			DATE
OFFICE USE ONLY			
DATE APPROVED	AUTHORIZED TO ISSUE		<input type="checkbox"/> PERMIT FEE <input type="checkbox"/> PLAN REVIEW FEE <input type="checkbox"/> SURCHARGE
REMARKS:			
<input type="checkbox"/> If more than 10 sprinkler heads, plans required <input type="checkbox"/> If storage occupancy, a high piled storage evaluation form required <input type="checkbox"/> Hydraulic calculations submitted <input type="checkbox"/> Manufacturer's specifications submitted			