BUILDING PERMIT APPLICATION
FIRE SPRINKLER INSPECTION

Date_____

Permit_____

JOB ADDRESS:

APPLICANT IS: ☐ Owner ☐ Contractor/Other (describe)

LEGAL DESCRIPTION
Subdivision Lot Block PID#

PROPERTY OWNER NAME **ADDRESS** **PHONE #**

CONTRACTOR/RESPONSIBLE PARTY **LICENSE #**

CONTRACTOR ADDRESS **PHONE #**

ARCHITECT/ENGINEER *(for Commercial Work)*
Name Address Phone #

CLASS OF WORK: ☐ New ☐ Addition ☐ Remodel ☐ Demo

DESCRIBE WORK:

VALUATION OF WORK: $

- *Separate permits are required for electrical, plumbing, heating, ventilating or air conditioning.*
- *This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.*
- *I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.*

Signature of Contractor/Responsible Party **Print Name** **Date**

Signature of Property Owner **Print Name** **Date**

Building Department • Phone 763.635.1060 • FAX 763.635.1090

ENGINEER FEE

PERMIT

STATE SURCHARGE

SEWER

ATTORNEY FEE

LICENSE CHECK

PLAN CHECK

TOTAL

RECEIVED BY

APPROVED FOR ISSUANCE BY

CONSTRUCTION TYPE

OCCUPANCY GROUP

DIVISION

TOTAL SQ FT OF BLDG

 # OF STORIES

MAX OCCUPANT LOAD

USE ZONE

FIRE SPRINKLERS
☐ YES
☐ NO