

ST. CLOUD FIRE DEPARTMENT



101 10th Avenue North
St. Cloud, Minnesota 56303
320.650.3500 · www.ci.stcloud.mn.us



Fire Protection System Permit Application (Fire Sprinklers, Fire Alarm, Hood Systems)

(fillable version available on the City of St. Cloud website under Fire Department, Permits)

Project Info

| | |
|--------------------------------------|--|
| Address Where Work Will Be Performed | Business Name Where Work Will Be Performed |
|--------------------------------------|--|

Applicant Info

| | | |
|----------------------------|-------------------|------------------|
| Applicant Name | Applicant Company | Contact Phone # |
| Address (City, State, Zip) | | Email for Permit |

Contractor/Installer Info same as Applicant (continue to system section)

| | | |
|-----------------|----------------------------|-----------|
| Contractor Name | Company Name | License # |
| Contact Phone # | Address (City, State, Zip) | |

| | | |
|--|--|---|
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Hood System, Other |
| Start Date | Valuation of System \$ _____ (x1.2%, min \$50) \$ _____ due | |
| | <input type="checkbox"/> inspection fee only per Fire Marshal <input type="checkbox"/> check attached (to City of St. Cloud) | |
| <input type="checkbox"/> credit card | Exp Date ____ / ____ | CVV# _____ |
| Name on card _____ | Card ZIP Code _____ | Amount \$ _____ |
| Scope of Work | | |

NOTICE: Permits becomes null and void six months after date of issuance. Extensions may be granted by Fire Marshal. A complete plan review requires 2-3 weeks.

By submitting this application, I 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 compiled and whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel provisions of any state or local law regulating construction or the performance of construction.

RETURN APPLICATION WITH PLANS TO: firemarshal@ci.stcloud.mn.us or
St. Cloud Fire Department, 101 10 Ave N, St. Cloud, MN 56303