



BUILDING PERMIT APPLICATION FIRE SPRINKLER INSPECTION

Date _____

Permit _____

JOB ADDRESS:	ENGINEER FEE _____			
APPLICANT IS: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor/Other (describe)	PERMIT _____			
LEGAL DESCRIPTION Subdivision Lot Block PID#	STATE SURCHARGE _____			
PROPERTY OWNER NAME ADDRESS PHONE #	SEWER _____			
CONTRACTOR/RESPONSIBLE PARTY LICENSE #	ATTORNEY FEE _____			
CONTRACTOR ADDRESS PHONE #	LICENSE CHECK _____			
ARCHITECT/ENGINEER (for Commercial Work) Name Address Phone #	PLAN CHECK _____			
CLASS OF WORK: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Demo	TOTAL _____			
DESCRIBE WORK:	RECEIVED BY _____			
VALUATION OF WORK: \$	APPROVED FOR ISSUANCE BY _____			
<ul style="list-style-type: none"> • 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. 	CONSTRUCTION TYPE _____			
<table style="width: 100%;"> <tr> <td style="width: 33%;">Signature of Contractor/Responsible Party</td> <td style="width: 33%;">Print Name</td> <td style="width: 33%;">Date</td> </tr> </table>	Signature of Contractor/Responsible Party	Print Name	Date	OCCUPANCY GROUP _____
Signature of Contractor/Responsible Party	Print Name	Date		
<table style="width: 100%;"> <tr> <td style="width: 33%;">Signature of Property Owner</td> <td style="width: 33%;">Print Name</td> <td style="width: 33%;">Date</td> </tr> </table>	Signature of Property Owner	Print Name	Date	DIVISION _____
Signature of Property Owner	Print Name	Date		
Building Department • Phone 763.635.1060 • FAX 763.635.1090	TOTAL SQ FT OF BLDG _____			
	# OF STORIES _____			
	MAX OCCUPANT LOAD _____			
	USE ZONE _____			
	FIRE SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO			