



16319 Kettle River Blvd. Columbus Mn.55025  
651.464.3120 Phone  
Building Department hours: M-F 8:00 am to 2:30 pm.

PERMIT NUMBER \_\_\_\_\_

**PERMIT APPLICATION FOR FIRE SUPPRESSION SPRINKLING SYSTEM**

JOB ADDRESS \_\_\_\_\_

Property ID # \_\_\_\_\_

Owner's Name \_\_\_\_\_ Telephone \_\_\_\_\_

General Contractor \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Contractors License Number \_\_\_\_\_

**TO BE SUBMITTED: Four (4) copies of the Blue Print or Plans.**

Approximate Starting Date \_\_\_\_\_ Approximate Completion Date \_\_\_\_\_

Valuation of Work \$ \_\_\_\_\_

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING AND A/C, FIREPLACE, AND FIRE SPRINKLERS. 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 HERIN 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.

TOTAL AMOUNT DUE \$ \_\_\_\_\_ DATE PAID \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

CHECK # \_\_\_\_\_ ACCOUNT HOLDER \_\_\_\_\_

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_