



COMMERCIAL FIRE ALARM PERMIT

Permit # _____

Date Received _____

16319 Kettle River Blvd, Columbus, MN 55025
Phone: 651-464-3120

TO BE FILLED OUT BY APPLICANT INCOMPLETE APPS MAY NOT BE PROCESSED

SITE ADDRESS: _____ **PID:** _____

PROPERTY OWNER: _____ **Address:** _____

City: _____ State: _____ Zip: _____ Email: _____

Contact Name: _____ Phone: _____

CONTRACTOR: _____ **Address:** _____

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

License No: _____ Contact Name: _____

Detailed Description of Work:

TO BE SUBMITTED: ONE ELECTRONIC COPY OF PLANS DOCUMENTING LOCATIONS OF ALL APPLIANCES, MANUFACTURES SPECIFICATIONS ON ALARM PANEL(S) AND ALL APPLIANCES, AND DESCRIPTION OF ZONES AND HOW THEY WILL BE LISTED.

Approximate Starting Date:	Type of Work	
Approximate Completion Date:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Repair
Valuation of Work: \$	<input type="checkbox"/> Addition	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Alteration	

SEWER: New Municipal Existing Municipal New On-Site Septic Existing On-Site Septic

WATER: New Municipal Existing Municipal New Private Well Existing Private Well

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

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. ADDITIONAL INFORMATION MAY BE REQUIRED TO BE SUBMITTED TO THE BUILDING OFFICIAL FOR REVIEW IN ORDER TO VERIFY COMPLIANCE WITH APPLICABLE CODES AND/OR ORDINANCES.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PRINTED NAME: _____ **Signature of:** Owner or Owner's Representative

NOTE: Only Cash or Check Accepted for Payments. Make Checks payable to the City of Columbus

Permit Fee: \$ _____	Issued By: _____ Paid: _____ Date: _____ Check Number: _____ Receipt Number: _____
State Surcharge: \$ _____	
Investigation Fee / Other Fee: \$ _____	
SUB-TOTAL: \$ _____	
Other: \$ _____	
Other: \$ _____	
TOTAL DUE: \$ _____	

24-HOUR NOTICE REQUIRED FOR INSPECTIONS. CALL 952-442-7520.