



## COMMERCIAL FIRE SUPPRESSION SPRINKLING **SYSTEM PERMIT**

<b>Permit</b>	#	<u>!</u>	

**Date Received** 

## 16319 Kettle River Blvd, Columbus, MN 55025

Phone: 651-464-3120

SITE ADDRESS:			
		PID:	
PROPERTY OWNER:		Address:	
City: State	e: Zip:	Email:	
Contact Name:		Phone:	
CONTRACTOR:		Address:	
City: State	e: Zip:	Phone:	Email:
License No:		Contact Name:	
Detailed Description of Work:			
Approximate Starting Date:		Type of Work	
Approximate Completion Date:		□ New Construction	
Valuation of Work: \$	TRANIC CARV AE DI AMS	☐ Addition	□ Other
TO BE SUBMITTIED: ONE ELEC		☐ Alteration  n-Site Septic ☐ Existing On-Site Sep	tio
·		i-site Septic	uic
Official or designee to enter upon the property to	perform needed inspections. Entry may be w	s representative, is required and authorizes the Zoning thout prior notice. I hereby acknowledge that I have rea	d this application and state that all information is
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