



Rural Nature. Urban Access.

16319 Kettle River Blvd. Columbus, MN 55025

Phone: 651-464-3120

COMMERCIAL FIRE SUPPRESSION CONNECTION PERMIT APPLICATION

PERMIT NUMBER _____

DATE RECEIVED _____

Site Address _____ PID _____

Owner's Name _____ Telephone _____

Contractor _____ Telephone _____

Address _____ City _____

State _____ Zip _____

E-mail Address _____ Plumbers/Pipefitters Lic. No. _____

Water Connection Size _____ Type of Pipe _____

Connection Type _____

Area to be disturbed: _____

Work to start on _____ To be completed on or before _____

Method of Installation or construction (including method of excavation and compaction):

ADDITIONAL REQUIREMENTS

Provide detailed site drawing, including scaled area map showing proposed location of lines or equipment to be constructed. Show the proposed location of utilities being installed and nature of work (utility type, material length/size/type, open cut or directionally drilled).

Fire Suppression Line Inspection requirements:

1. Sanitize water line (no bacteria test required).
2. Water Pressure Test (**150PSI with no more than 5PSI drop for 2 hour**)
 - a. **MUST USE READABLE GAUGE** (with clear increments)
 - b. **MUST PROVIDE 24 HOUR NOTICE THAT YOU WILL BE ONSITE**
 - c. When test is **STABLE** (holding psi) – Call Public Works at 651-775-0548

Supply As-Built drawing after construction

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.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____

PRINT NAME _____ DATE _____

Permit Fee: \$ _____ (see fee schedule) Check #: _____

WAC Charge: \$ _____ (see fee schedule) Acct Holder: _____

Other: \$ _____ Date Paid: _____

Total Amount Due: \$ _____ Receipt #: _____

BUILDING OFFICIAL OR AUTHORIZED AGENT _____ DATE _____