



# FIRE SPRINKLER INSPECTION

5959 Main Avenue NE  
Albertville, MN 55301  
Phone: 763.497.3384 Fax 763.497.3210

Date Received: \_\_\_\_\_  
Date Notified \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Ck, Cash, CC \_\_\_\_\_  
Permit # \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**The Applicant is:** \_\_\_\_\_ Owner \_\_\_\_\_ Contractor \_\_\_\_\_ Tenant \_\_\_\_\_

**Legal Description:** PID # \_\_\_\_\_  
Addition \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

**Owner:**  
Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Contractor:**  
Company Name \_\_\_\_\_ License # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Email \_\_\_\_\_  
Phone: (W) \_\_\_\_\_ (C) \_\_\_\_\_ (Fax) \_\_\_\_\_

**Architect:**  
Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Phone (W) \_\_\_\_\_ (C) \_\_\_\_\_ (Fax) \_\_\_\_\_

**Type of Work:**  
 New  Addition  Alteration  Demo

**Description of Work:** \_\_\_\_\_  
\_\_\_\_\_

**Estimated Valuation of Work:** \$ \_\_\_\_\_

Separate permits are required for electrical, plumbing, heating or fireplace. I hereby apply for the above consideration and declare that the information and materials submitted with this application are in compliance with City Ordinance and Policy Requirements and are complete and accurate to the best of my knowledge. It is applicants responsibility to locate and establish the elevations, if needed, of all site improvements. Required adjustments at owners expense. I understand that all City incurred professional fees and expenses associated with the processing of this request are the responsibility of the property owner and/or applicant and will be promptly paid. If payment is not received from the applicant, the property owner acknowledges and agrees to be responsible.

Applicants Signature \_\_\_\_\_ Applicants Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**BUILDING PERMIT FEES**

Permit \_\_\_\_\_

Surcharge \_\_\_\_\_

Plan Check \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Received By \_\_\_\_\_

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Type of Const. \_\_\_\_\_

Occupancy Group \_\_\_\_\_

Total Sq Ft of Bldg \_\_\_\_\_

No. of Stories \_\_\_\_\_

Zoning \_\_\_\_\_

Max Occupant Load \_\_\_\_\_

**Are Fire Sprinklers Required?**  
 Yes  No

**Approved by Building Official:**  
\_\_\_\_\_

Date: \_\_\_\_\_

Special Conditions or Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_