



1245 W Hwy 96 \* Arden Hills MN 55112
Phone 651.792.7800 \* Fax 651.634.5137
Email: CD@cityofardenhills.org
Fire Marshal - 651.415.2100

Permit # \_\_\_\_\_

FIRE PERMIT APPLICATION

For Office Use Only
Date Plans Submitted: \_\_\_\_\_
Date Applicant Notified \_\_\_\_\_

Plan Requirements:
Submit an electronic version to be emailed.

Property Information
Property Address: \_\_\_\_\_ Bldg./Suite/Location (commercial projects only): \_\_\_\_\_
Owner Name: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_
Email Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant/Contractor Information
Applicant Type: Primary Owner (Owner Affidavit Form Required) Contractor; License # \_\_\_\_\_
Contractors please provide a copy of state license
Company Name (contractors only): \_\_\_\_\_ Company Email Address: \_\_\_\_\_
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Contact Name: \_\_\_\_\_ Contact Office Phone Number: \_\_\_\_\_ Contact Cell Number: \_\_\_\_\_

Table with 4 columns: Property Use, Construction Type, Type of Work, and a fourth column for details. Includes categories like Commercial, Public, Single family, New, Remodel, Remove, Repair, Alarm System, Dry System, Storage Tank, Wet System, Other\*.

Project Details
Describe Work: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_
Total # of Heads \_\_\_\_\_ Type of Shutoff Valve \_\_\_\_\_ Size of Underground \_\_\_\_\_ Size of System Riser \_\_\_\_\_ Density (GPM/sq.ft.) \_\_\_\_\_
Temp Rating of Heads: \_\_\_\_\_ K-Factor of Heads \_\_\_\_\_ Size of Heads \_\_\_\_\_ GPM Needed \_\_\_\_\_ Project Value: (labor & materials) \$ \_\_\_\_\_
Hazard Type (per NFPA#13) \_\_\_\_\_ Applicable NFPA stds. Used \_\_\_\_\_

IMPORTANT NOTICE: Applicant must provide an electronic copy of plans for work requiring plan review. A hard copy may be required by Fire Marshall if needed. Min. 24 hour notice required for all inspections. There is a 10 working day turnaround for all permits requiring plan review. Separate permits required for electrical work. 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 has commenced. By signing this application, you hereby certify that you have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this type of work will be complied with whether specified herein 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. Applicant takes full responsibility for all work performed. Applicant is responsible for all plan check fees if permit is canceled or withdrawn.
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Fees table with 2 columns: Fee Name, Amount. Includes Permit Fee, Plan Check Fee, State Surcharge, Misc., and TOTAL PERMIT FEE (Permit Fee + surcharge).