

**Application Form  
Fire Protection  
Systems Permit**

**Fire Inspections Services  
Regulatory Services**  
250 South 4<sup>th</sup> Street – Room 300  
Minneapolis, MN 55415  
Office 612-673-3000 or 311  
Fax 612-673-3699  
TTY 612-673-2157  
[www.minneapolismn.gov/fis](http://www.minneapolismn.gov/fis)



**Office Use Only**

Permit # \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
CSR Initials \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION FOR A FIRE PROTECTION SYSTEMS PERMIT**

**SYSTEM INFORMATION**

ALARM    ALTERNATIVE SUPPRESSION    SPRINKLER    SMOKE

SITE ADDRESS (INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL)

BUILDING or PROJECT NAME

**APPLICANT**

APPLICANT or BUSINESS NAME (applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other (describe): _____)		STATE/CITY LICENSE NO.	
NAME		PHONE	
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			

**DESIGNER or ENGINEER (if applicable)**

COMPANY		STATE/CITY LICENSE NO.	
NAME		PHONE	
ADDRESS	CITY	STATE	ZIP

**PERMIT INFORMATION**

TYPE OF WORK		OCCUPANCY TYPE		PROJECT SIZE
<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	Square Footage: _____
<input type="checkbox"/> Alteration	<input type="checkbox"/> Replacement	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other	
<input type="checkbox"/> Exchange	<input type="checkbox"/> Other	<input type="checkbox"/> Institution		
<input type="checkbox"/> New Construction				

Declared Valuation: \$ \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

**WRITTEN DESCRIPTION OF WORK**

\_\_\_\_\_

**WORK DETAIL**

<input type="checkbox"/> Dry Chemical System	<input type="checkbox"/> Gas Type Suppression System	<input type="checkbox"/> Standpipe System
<input type="checkbox"/> Fire Alarm & Communication System	<input type="checkbox"/> Private Water System (hydrants)	<input type="checkbox"/> Wet Chemical System
<input type="checkbox"/> Fire Pump	<input type="checkbox"/> Smoke Control System	<input type="checkbox"/> Other
<input type="checkbox"/> Foam System	<input type="checkbox"/> Sprinkler System	

**FEE CALCULATION**

Fees for the installation, alteration, reconstruction, or repair of any Fire Protection system or appliance are computed on the basis of contract cost of the proposed work. The fees established by City Code must be collected at the time of application for permit. No permit will be reviewed or processed until the fee is paid. There is a minimum fee of \$75.40.

For a fee schedule, please [click here](#), or go online to [minneapolismn.gov/fis](http://minneapolismn.gov/fis) or call 612-673-3000.

1.	<b>Base permit fee</b> (total of fees in fee schedule):	
2.	<b>Plan review fee</b> (if required, 65% of base fee (Item #1 above)):	
3.	<b>Flat fee</b> (see Fire Inspections Services fee schedule):	
4.	<b>Subtotal</b> (minimum fee is \$75.40):	
5.	<b>Minnesota State Surcharge</b> (based on contract cost): If job valuation is \$1.00 to \$1,000,000.00, the state surcharge is (job valuation x .0005) If job valuation is greater than \$1,000,000, please contact Fire Inspections Services	
6.	<b>Total Fee:</b>	

I hereby apply for a Fire Protection Systems permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Minneapolis and the Minnesota State Building and Fire Codes; that I understand that this is not a permit but only an application for a permit and construction work is not to start without a permit; that the work will be in accordance with the approved plans when plans are approved.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**IMPORTANT INFORMATION**

Please see the [Fire Suppression System Project Information Form](#) or the [Fire Alarm System Information Form](#) as they may need to be included with your application or submitted plans. These additional forms will list, in detail, other information required by the City in order to issue a permit.

**PAYMENT OPTIONS**

In person at the Minneapolis Development Review counter, Monday through Friday, 9:00 AM to 3:00 PM:

Public Service Center  
250 South 4<sup>th</sup> Street, Room 300  
Minneapolis, MN 55415

By mail, with a check payable to Minneapolis Finance Department, or the below credit or debit card information, mailed to:

Fire Inspection Services  
250 South 4<sup>th</sup> Street, Room 300  
Minneapolis, MN 55415

*MasterCard or Visa only*

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

By secure fax, with the below credit or debit card information:

*MasterCard or Visa only*

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Secure fax to **612-673-3699**