

**Application Form
Operational
Permit**

**Fire Inspections Services
Regulatory Services**
250 South 4th Street – Room 300
Minneapolis, MN 55415
Office 612-673-3000 or 311
Fax 612-673-3699
TTY 612-673-2157
www.minneapolismn.gov/fis



Office Use Only

Permit # _____

Amount \$ _____

Inspector Initials _____ Date _____

FIRE SERVICES PERMIT – OPERATIONAL PERMIT

SITE)) k-∞(INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL)

APPLICANT

APPLICANT or BUSINESS NAME

MAILING ADDRESS

REPRESENTATIVE NAME (if business)

PHONE

FAX

EMAIL

PERMIT INFORMATION

check all that apply – please supply Material Safety Data Sheet (MSDS) when applicable and complete inventory statement

Cellulose Nitrate Film (\$75.40)

Lumberyards/Woodworking (\$75.40)

Combustible Dust (\$75.40)

Magnesium (\$75.40)

Cutting and Welding (\$75.40)

Private Hydrants (\$75.40)

Dry Cleaning Plants (\$75.40)

Rooftop Heliports (\$75.40)

Explosives (\$150.70)

Spraying and Dipping (\$75.40)

Fumigation/Thermal Insecticides (\$75.40)

Tire Rebuilding (\$75.40)

High Piled Storage (\$150.70)

Tires & Tire Byproducts (\$75.40)

Industrial Ovens (\$75.40)

Waste Handling (\$75.40)

Liquid or Gas Fueled Vehicle in Assembly (\$75.40)

Wood Products (\$75.40)

The undersigned hereby agrees that all information on this application is true and correct, and to comply with all applicable city ordinances, state and federal rules, and all orders from Minneapolis Fire Inspections Services.

SIGNATURE _____ DATE _____

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 4th 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 4th Street, Room 400
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**