

**Application Form  
FCOM**

**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*

LIC # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Flag(s) \_\_\_\_\_

CSR Initials \_\_\_\_\_ Date \_\_\_\_\_

**COMMERCIAL BUILDING REGISTRATION**

**SITE INFORMATION**

**PROPERTY ADDRESS**

**BUILDING TYPE**

Commercial Only

Mixed-use (commercial & residential)

**BUILDING GROSS SQUARE FOOTAGE**

Level 1 (0 – 5,000 Square Feet) - **\$50**

Level 5 (250,001 – 1,000,000 Square Feet) - **\$620**

Level 2 (5,001 – 10,000 Square Feet) - **\$94**

Level 6 (1,000,001 – 2,000,000 Square Feet) - **\$827**

Level 3 (10,001 – 100,000 Square Feet) - **\$277**

Level 7 (2,000,001 Square Feet and over) - **\$910**

Level 4 (100,001 – 250,000 Square Feet) - **\$403**

**OWNER INFORMATION (REQUIRED)**

**NAME**

**BUSINESS NAME or D/B/A NAME**

**MAILING ADDRESS**

**CITY**

**STATE**

**ZIP**

**CELL PHONE**

**EMAIL**

**BUILDING CONTACT INFORMATION (REQUIRED)**

mailing address must be different from site address unless contact physically resides at property

**NAME**

**MAILING ADDRESS**

**CITY**

**STATE**

**ZIP**

**CELL PHONE**

**EMAIL**

I certify that the above information is true and correct, and I understand that I am required to notify the Department of Regulatory Services of any changes and submit those changes in writing.

**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 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**