



GENERAL PERMIT APPLICATION
(Tanks, Fire Protection System Installation, Alarm Systems, Asbestos Removal, Fumigate)

OFFICE USE ONLY:
App rec'd:
Site plans rec'd:
Permit #/Date:
Issued:

Site Info

Address & Business Name Where Work Will Be Performed

Contractor Info

Name of Company		Contractor Address (street, city, state, zip)	
Contact Person	Phone #	Email	
Contractor/Installer <input type="checkbox"/> same as contact	Cell Phone #	Tax I.D./FEIN/SSN	
<input type="checkbox"/> check attached (to City of St. Cloud)	<input type="checkbox"/> credit card _____ Exp Date ____ / ____ C V V # _____	Name on card _____ Card ZIP Code _____	

<input type="checkbox"/> Tanks \$50 total	Tank Certificate/TS License _____	start date _____	FM Appl Approval/ Date
<input type="checkbox"/> install <input type="checkbox"/> remove	Total number of tanks _____	<input type="checkbox"/> site plan included	
<input type="checkbox"/> SERVICE STATION	<input type="checkbox"/> BULK FLAMMABLES – bulk storage of flammables over 1,100 gallons	<input type="checkbox"/> MISC FLAMMABLES - LP Cylinder Exchange/ Refilling; Container Storage, Private Fueling Stations less than 1,100 gallons	

<input type="checkbox"/> Fire Protection System Install \$50 min/1.2% cost	<input type="checkbox"/> new <input type="checkbox"/> repair	start date _____	
system type _____	Valuation of System \$ _____	(x1.2%, min \$50) Total _____	

<input type="checkbox"/> Alarm Systems \$50 min/1.2% cost	start date _____	
<input type="checkbox"/> install <input type="checkbox"/> remodel	Valuation of System \$ _____ (x1.2%, min \$50) Total _____	
number of initiating devices: smoke ____ heat ____ pull ____ other _____		
control panel: <input type="checkbox"/> yes <input type="checkbox"/> no	annunciator: <input type="checkbox"/> yes <input type="checkbox"/> no	
monitored: <input type="checkbox"/> yes <input type="checkbox"/> no	if yes, monitoring company: _____	

<input type="checkbox"/> Asbestos Removal	Type: _____	start date _____	
<input type="checkbox"/> friable <input type="checkbox"/> non-friable	Encapsulation: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> signage posted <input type="checkbox"/> schedule attached	

<input type="checkbox"/> Fumigate	start date _____	
type of asphyxiate _____	<input type="checkbox"/> signage posted <input type="checkbox"/> extinguishing system present <input type="checkbox"/> yes <input type="checkbox"/> no	

NOTICE: Permits becomes null and void six months after date of issuance. Extensions granted by Fire Marshal at time of permit issuance only. A complete plan review requires 2-3 weeks.

I HEREBY CERTIFY that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be compiled and whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel provisions of any state or local law regulating construction or the performance of construction.

RETURN FORMS WITH PLANS TO: St. Cloud Fire Department, 101 10 Ave N, St. Cloud, MN 56303 or michael.post@ci.stcloud.mn.us