

ST. CLOUD FIRE DEPARTMENT



101 10th Avenue North
St. Cloud, Minnesota 56303
320.650.3500 · www.ci.stcloud.mn.us



Fire Protection System Permit Application (Fire Sprinklers, Fire Alarms, Hood Systems)

{A}105.1.1 Permits Required. A property owner or owner's authorized agent who intends to conduct an operation or business, or install or modify systems and equipment that are regulated by this code, or to cause any such work to be performed, shall **first make application** to the fire code official and obtain the required permit.

(fillable version available on the City of St. Cloud website under Fire Department, Permits)

Project Info

Address Where Work Will Be Performed	Business Name Where Work Will Be Performed
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Applicant Info

Applicant Name	Applicant Company	Contact Phone #
Address (City, State, Zip)		Email for Permit

Contractor/Installer Info same as Applicant (continue to system section)

Contractor Name	Company Name	License #
Contact Phone #	Address (City, State, Zip)	

<input type="checkbox"/> Fire Sprinkler System	<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Hood System, Other
Start Date	Valuation of System \$ _____ (x1.2%, min \$50) \$ _____ due	
	<input type="checkbox"/> inspection fee only per Fire Marshal <input type="checkbox"/> check attached (to City of St. Cloud)	
<input type="checkbox"/> credit card _____ Exp Date ____ / ____ CVV# _____		
Name on card _____ Card ZIP Code _____ Amount \$ _____		
Scope of Work		

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

The applicant hereby agrees to do all work in compliance with the state building code, city ordinances and applicable law. Issuance of a permit, approval of plans and inspections conducted do not give permission to violate any provision of law nor constitute a guarantee or warranty from the city. Upon submission and payment of this application, I hereby certify that the information in this application is true and correct.

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