



CITY of CRYSTAL

4141 Douglas Dr. N.
Crystal, MN 55422
Phone: 763-531-1000
Website: www.crystalmn.gov
customerservice@crystalmn.gov

Application for **Fire** Permit

Date _____ Permit No. _____ Rec'd By/Date _____

Site Address	_____
Tenant/Bldg Name	_____

Property Owner	Name/Company _____ Phone No. _____
	Address _____ Fax No. _____
	City _____ State _____ Zip _____
Contractor	Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
	Contact Name: _____ Phone No. _____
	Contractor License No.: _____ Expiration Date _____
	E-mail Address _____

Fire Permit Type:	<input type="checkbox"/> 58 - Vent Hood Cleaning <input type="checkbox"/> 59 - Sprinkler Systems <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Pre-action <input type="checkbox"/> Fire Pump <input type="checkbox"/> Other _____ <input type="checkbox"/> 60 - Fire Alarm System <input type="checkbox"/> 61 - Monitoring System <input type="checkbox"/> 62 - Hazardous Materials <input type="checkbox"/> 63 - Tanks (Flammable/Combustible Liquids) <input type="checkbox"/> 64 - Tents, Canopies, Temporary Membrane Structures <input type="checkbox"/> 65 - Other Fire Suppression:
Work Type:	<input type="checkbox"/> 01 - New <input type="checkbox"/> 02 - Vent Hood Cleaning: Date/Time of Cleaning: <input type="checkbox"/> 03 - Alteration <input type="checkbox"/> 05 - Miscellaneous <input type="checkbox"/> 08 - Install/Remove (Tanks)

Valuation of Work \$	Office Use Only	
	Permit Fee	\$
Description of Work:	Plan/Site Check Fee	\$
	State Surcharge Fee	\$
Estimated Start date:	Other	\$
Estimated Completion date:	Total Fees	\$
Plans Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Office Use	
Required Inspections	Sprinkler System/Monitoring:
	<input type="checkbox"/> 20 - Rough In <input type="checkbox"/> 10 -Main Drain <input type="checkbox"/> 11 - Fire Pump Test <input type="checkbox"/> 12 - HydroTest
	<input type="checkbox"/> 13 - Water Flow Test <input type="checkbox"/> 14 - Air Test <input type="checkbox"/> 16 - Trip Test <input type="checkbox"/> 15 - Final
	<input type="checkbox"/> 19 - Other:
	Fire Alarm System:
	<input type="checkbox"/> 20 - Rough In <input type="checkbox"/> 17 - 24 Hr. Battery Test <input type="checkbox"/> 18 - Function Test
	<input type="checkbox"/> 15 - Final <input type="checkbox"/> 19 - Other:
	Hood Systems:
	<input type="checkbox"/> 20 - Rough In <input type="checkbox"/> 15 - Final <input type="checkbox"/> 18 - Function Test
	Tanks:
	<input type="checkbox"/> 20 - Rough In <input type="checkbox"/> 15 - Final <input type="checkbox"/> 18 - Function Test
	<input type="checkbox"/> 14 - Air Test
	Other: <input type="checkbox"/> 20 - Rough In <input type="checkbox"/> 15 - Final

This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.

I hereby apply for a Fire 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 Crystal and with the Minnesota Building/Fire Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

Applicant's Signature/Date

Permit Approved By:

Date Approved:
