

City of Richfield Fire Permit Application

Job Site Address: _____ Unit # _____

Total Project Valuation: \$ _____ The Applicant Is: Owner Contractor
(must include material and labor costs)

Property Owner	
Name _____	Unit # _____
Address _____	
City _____	State _____ Zip _____
Phone () _____	

Contractor	
Name _____	
Address _____	
City _____	State _____ Zip _____
Phone () _____	License # _____

Property Use	Type of Work
<input type="checkbox"/> Sg Fam Residential <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional	<input type="checkbox"/> Fire Alarm New <input type="checkbox"/> Fire Alarm Addition/Alteration <input type="checkbox"/> Fire Suppression New <input type="checkbox"/> Fire Suppression Addition/Alteration <input type="checkbox"/> Fire Safety

<i>(Check Applicable Items for fire safety permits)</i>			
<input type="checkbox"/> Aerosol Products <input type="checkbox"/> Asbestos Removal <input type="checkbox"/> Battery System <input type="checkbox"/> Bowling Pin or Alley Refinishing <input type="checkbox"/> Candles/Open Flames in Assembly Areas <input type="checkbox"/> Carnivals/Fairs <input type="checkbox"/> Cellulose Nitrate Film <input type="checkbox"/> Cellulose Nit. Storage <input type="checkbox"/> Combustible Fiber Storage	<input type="checkbox"/> Combustible Material Storage <input type="checkbox"/> Compressed Gasses <input type="checkbox"/> Cryogenes <input type="checkbox"/> Dry Cleaning Plants <input type="checkbox"/> Explosives/Blasting Agents <input type="checkbox"/> Fire Hydrants/Water-Control Valves <input type="checkbox"/> Fireworks <input type="checkbox"/> Flammable/Combust. Liquids	<input type="checkbox"/> Fumigation/Thermal Insecticidal Fogging <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Hot-Work Operations <input type="checkbox"/> Liquid/Gas Vehicles <input type="checkbox"/> Mall, Covered <input type="checkbox"/> Fuel Dispensing Stn. <input type="checkbox"/> Open Burning <input type="checkbox"/> Ovens, Industrial Baking or Drying <input type="checkbox"/> Parade Floats <input type="checkbox"/> Places of Assembly	<input type="checkbox"/> Radioactive Mater. <input type="checkbox"/> Refrigeration Equip <input type="checkbox"/> Repair Garages <input type="checkbox"/> Spraying or Dipping <input type="checkbox"/> Temp Membrane Struct, Tents, Canopies <input type="checkbox"/> Tire Storage <input type="checkbox"/> Wood Products <input type="checkbox"/> Other _____ _____

Specific Description of Work to be Completed

I hereby apply for a fire permit and 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 Richfield and with the Uniform Fire Code, the Minnesota State Building Code and the National Electrical Code.

Applicant's Signature	Date
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Fire Alarm Fees	Fire Suppression Fees	Fire Safety Fees
Fire Alarm Fee _____ State Surcharge _____ Investigation Fee _____ TOTAL FEES _____ <i>(fee based on building permit fee schedule with a minimum of \$50.00 Plan review fee: 65% of building permit fee. No plan review fee for valuation of \$1,000 or less</i>	Fire Suppression Fee _____ Plan Check Fee _____ State Surcharge _____ Investigation Fee _____ TOTAL FEES _____ <i>(fee based on building permit fee schedule with a minimum of \$50.00 Plan review fee: 65% of building permit fee. No plan review fee for valuation of \$1,000 or less</i>	Fire Safety Fees _____ First Item _____ Addt'l Items _____ Qty _____ x 10.00 _____ TOTAL FEES _____ <i>Fees: \$50.00 first item 10.00 each additional item</i>

Building Information	
Number of Stories _____ Total Square Footage _____ Height _____ Length _____ Width _____	Sprinkler System: NFPA: 13____ 13R____ 13D____ 231____ 231C____ Coverage: _____ % Alarm System: NFPA: 72____ High-Rise _____ Occupancy Group _____ Type of Construction _____

REQUIRED INSPECTIONS		
<input type="checkbox"/> Dry System Air Test <input type="checkbox"/> Final <input type="checkbox"/> Fire Alarm Test <input type="checkbox"/> Fire Pump Test <input type="checkbox"/> Fire Watch <input type="checkbox"/> Flow Test <input type="checkbox"/> Hydrostatic Pressure Test <input type="checkbox"/> Investigation <input type="checkbox"/> Monitoring System	<input type="checkbox"/> NFPA Form <input type="checkbox"/> No Inspection Required <input type="checkbox"/> Piping Installation & Coverage <input type="checkbox"/> Questions at Site <input type="checkbox"/> Rough-In Alarm Wiring <input type="checkbox"/> Routine <input type="checkbox"/> Smoke Control Test <input type="checkbox"/> Tank Cleaning/Purging <input type="checkbox"/> Tank Installation	<input type="checkbox"/> Tank Removal <input type="checkbox"/> Temporary C/O <input type="checkbox"/> Tent Erection

Conditions of Issuance
_____ _____ _____

Approved by: _____ Date: _____