

City of Shakopee

Fire Department
129 Holmes St. S.
Shakopee, MN 55379
952-233-9570
952-233-9391 TTY
Fax: 952-233-3857



SHAKOPEE

www.ci.shakopee.mn.us
firesafety@ci.skopee.mn.us

Fire Permit

Fire Suppression
Fire Alarm
Tanks
Dispensing
Tents

Date: _____

Permit Number: _____

Site Address: _____

Tenant/Building Name: _____

Applicant: Owner: _____ Contractor: _____ Other: _____

Property Owner Information:

Name/Company: _____ Phone No.: _____

Contact Person (Print): _____ Phone No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Contractor/Designer/Architect:

Company: _____ Phone No.: _____

Contractor/Registration/License No.: _____ Expiration Date: _____

Contact Person (Print): _____ Phone No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Contractor's Total Valuation: \$ _____ Description of Project: _____

Tank Information:

Contents: _____ Capacity: _____

Number of Tanks: _____ AST or UST: _____

Fire Permit Type:

- Fire Suppression/Sprinkler System
- Flammable/Combustible Liquid Storage Tank
- Tent/Canopy

- Fire Alarm System
- Fuel Dispensing System

Work Type:

- New
- Repair
- Remodel/Alteration
- Temporary
- Tank Removal

Building Use (Occupancy):

- Assembly (A)
- Business (B)
- Educational (E)
- Factory (F)
- Hazardous (H)
- Institutional (I)
- Mercantile (M)
- Residential (R)
- Storage (S)
- Miscellaneous (U)

OVER

A COPY OF THE CONTRACTOR/REGISTRATION/LICENSE MUST ACCOMPANY THE APPLICATION FOR PERMIT WHERE APPLICABLE.

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 Shakopee and with the Minnesota State 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.

_____/_____
Signature Date

ARRANGE FOR INSPECTIONS 24 HOURS IN ADVANCE
952-233-9570

Permit Fees: Call our office or visit our website at www.ci.shakopee.mn.us for current fee information. Click Fire on the left.

Office Use	
Permit Fee: _____ Plan Review Fee: _____ Surcharge: _____	
Permit Restrictions: _____ _____ _____	
Permit Approved By:	Date Approved:
_____ Fire Department	_____
_____ Building Department	_____
_____ Planning Department	_____