

City of Shakopee

129 Holmes St. S. Shakopee, MN 55379

Inspection: 952.233.9396

Building: 952.233.9397

Fax: 952.233.3801



SHAKOPEE

COMMUNITY PRIDE SINCE 1857

Application For Fire Permit

Date _____

Permit No. _____

Site Address	_____
Tenant/Bldg Name	_____

Applicant: Owner ____ Contractor ____ Other _____

Property Owner	Name/Company _____ 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: Storage contents _____ Storage Capacity _____

Number of Tanks _____ Above/Below Ground _____

Fire Permit Type <input type="checkbox"/> 01 - Fire Suppression/Sprinkler System <input type="checkbox"/> 02 - Fire Alarm System <input type="checkbox"/> 05 - Flammable/Comb Liquid Storage Tank <input type="checkbox"/> 06 - Fuel Dispensing System <input type="checkbox"/> 07 - Tent/Canopy
Work Type <input type="checkbox"/> 01 - New <input type="checkbox"/> 02 - Remodel/Alteration <input type="checkbox"/> 03 - Repair <input type="checkbox"/> 04 - Temporary
Office Use -- Required Inspections: <input type="checkbox"/> 01 - Air test/Hydro for Dry Systems <input type="checkbox"/> 02 - Air Pressure Test/Tanks <input type="checkbox"/> 03 - Hydrostatic <input type="checkbox"/> 04 - Air Pressure Test/Lines <input type="checkbox"/> 05 - Visual/Prior to backfill <input type="checkbox"/> 06 - Flow Test

Building Use Educational ____ Commercial/Industrial ____ Institution ____ Other ____
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(Over)

A COPY OF THE LICENSE MUST ACCOMPANY THE APPLICATION FOR PERMIT.

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 Shakopee 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.

ARRANGE FOR INSPECTIONS 24 HRS. IN ADVANCE
952-233-9396

_____/_____
Signature/Date

Permit Fees: Call our office or visit our website at www.ci.shakopee.mn.us for current fee information. On the website go to Departments and Services then Fire then Permit Applications.

Office Use

Permit Restrictions: _____

Permit Approved By:

Date Approved:

Fire Prevention Bureau

Building Department

Planning Department