

FIRE RELATED PERMIT APPLICATION

Permit Number: _____

Site Information

Site Address:		Date:
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	PID #:

Property Owner

Name:	Address:
Phone:	City:
Email:	State/Zip:

Contractor

Company Name:	License #:
Contact:	Address:
Phone:	City:
Email:	State/Zip:

Project Information

<input type="checkbox"/> New	<input type="checkbox"/> Dry Sprinkler System	Number of Heads: _____
<input type="checkbox"/> Replace	<input type="checkbox"/> Wet Sprinkler System	Number of Heads: _____
<input type="checkbox"/> Alteration	<input type="checkbox"/> Storage Tank Install	Size of Tank(s): _____
<input type="checkbox"/> Repair	<input type="checkbox"/> Storage Tank Removal	Size of Tank(s): _____
	<input type="checkbox"/> Fire Alarm System	
	<input type="checkbox"/> Chemical/Ansul	
	<input type="checkbox"/> Other:	

Project Description:	Valuation (Required):
-----------------------------	------------------------------

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Cambridge to take action upon the herein request, that all statements are true and that all work herein will be done in accordance with the ordinances of the City of Cambridge and the State of Minnesota.

Applicant Signature: _____

Date: _____

For permit submission requirements, corresponding handouts, and current fee schedule, please visit ci.cambridge.mn.us.

Office Use Only - Required Inspections

- | | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Conductivity | <input type="checkbox"/> Flow Test | <input type="checkbox"/> Hood System | <input type="checkbox"/> Pneumatic |
| <input type="checkbox"/> Rough In | <input type="checkbox"/> Final | <input type="checkbox"/> Hydrostatic | <input type="checkbox"/> Pre-Removal |
| <input type="checkbox"/> Tamp/Valve | <input type="checkbox"/> Fire Pump | <input type="checkbox"/> Flush | <input type="checkbox"/> Head Location |
| <input type="checkbox"/> Pipe/Nozzle | <input type="checkbox"/> Post-Removal | <input type="checkbox"/> Trip Test | |

Permit Approved By: _____

Date: _____