



CITY OF ST. MICHAEL  
FIRE SAFETY APPLICATION

JOB SITE ADDRESS: \_\_\_\_\_

TOTAL PROJECT VALUATION: \$ \_\_\_\_\_ THE APPLICANT IS:  OWNER     CONTRACTOR  
*(must include material and labor costs)*

PROPERTY OWNER

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_

CONTRACTOR

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
PHONE \_\_\_\_\_ LICENSE # \_\_\_\_\_

**PROPERTY USE**

SINGLE FAMILY RESIDENTIAL  
 DUPLEX  
 MULTI-FAMILY  
 COMMERCIAL  
 INSTITUTIONAL

**TYPE OF WORK**

FIRE ALARM NEW  
 FIRE ALARM ADDITION/ALTERATION  
 FIRE SUPPRESSION NEW  
 FIRE SUPPRESSION ADDITION/ALTERATION  
 FIRE SAFETY

**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 ST. MICHAEL AND WITH THE UNIFORM FIRE CODE, THE MINNESOTA STATE BUILDING CODE AND THE NATIONAL ELECTRICAL CODE.

APPLICANTS SIGNATURE	DATE
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**\*FOR OFFICE USE ONLY\***

Fire Alarm Fees	Commercial Fire Suppression	Residential Fire Suppression
Fire Alarm Fee _____	Fire Suppression Fee _____	_____
State Surcharge _____	Plan Review Fee _____	_____
Plan Review Fee _____	State Surcharge _____	_____
TOTAL FEES _____	TOTAL FEES _____	\$150.00 permit fee + \$1.00 state surcharge.
<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>	<i>Fee based on valuation with a minimum of \$150.00. Additional \$65.00 per hour fee for inspections above and beyond 2. No state surcharge required on plans that have been reviewed by the State Fire Marshal.</i>	TOTAL FEES _____

**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 _____
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**REQUIRED INSPECTIONS**

Dry System Air Test Final Fire Alarm Test Fire Pump Test Fire Watch Flow Test Hydrostatic Pressure Test Investigation Monitoring System	NFPA Form No Inspection Required Piping Installation & Coverage Questions at Site Rough-In Alarm Wiring Routine Smoke Control Test Tank Cleaning/Purging Tank Installation	Tank Removal Temporary C/O Tent Erection
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**Conditions of Issuance**

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

City of St. Michael  
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 Email: inspections@stmichaelmn.gov