



FIRE SYSTEMS PERMIT APPLICATION

West Metro Fire Rescue District

4401 Xylon Avenue North 55428 763-230-7000

Site Address			
Owner/Tenant/Building Name		Address (if different than above - include City, State, Zip) Phone:	
		Fax:	
Contractor		Address (include City, State, Zip) Phone:	
		Fax:	
Electrician		Address (include City, State, Zip) Phone:	
		Fax:	
Work Type New Alteration Miscellaneous		Estimated Start Date: Estimated Completion Date:	Plans submitted: Yes No Number of heads:
Note: Separate permits are required for electrical work.			
Fire Permit Types Sprinkler Systems: Wet Dry Pre Action Fire Pump Other Fire Alarm System Monitoring System Communicator Other Fire Suppression			
Describe Work			
Value of work including labor: \$			
Fee Schedule Fee amount is \$50 for the first \$ 1,000 of work and \$5 for each additional \$500 of valuation above that amount.			
Approved by: _____ Approval Date: _____ Inspections Required (to be circled by inspector approving permit) Air Test Hydro Test 24-HR Battery Test Battery Test Main Drain Trip Test Fire Pump Test Other Waterflow Test Function Test Rough In Final <p style="text-align: center;">Please call 763-230-7000 for all inspections</p>		Permit Fee State Surcharge .0005 x Value of Work (\$.50 min.) Total Fee Due Upon Application	
Notice This permit becomes null and void if work or construction authorized is not commenced within 180 days or work is suspended or abandoned for a period of 180 days at any time after work is commenced.			
Contractor Signature: _____		Date: _____	State License #: Expiration Date: _____
APPLICATIONS MUST INCLUDE PLANS. DO NOT BEGIN WORK WITHOUT A PERMIT! Make checks payable to the City of New Hope. Mail plans, check and application to City of New Hope			
Visa/MasterCard: _____ Expiration Date: ____/____/____ Name (print): _____ Signature: _____ Billing Address: _____			