



PERMIT APPLICATION FIRE SUPPRESSION & ALARM

City of Prior Lake | Building Inspections
4646 Dakota Street SE
Office: 952.447.9850 | permits@cityofpriorlake.com

Date:	Permit #
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SITE INFORMATION

Site Address	Lot	Block	Parcel ID
Owner	Subdivision		Zoning
Address		Phone	

APPLICANT/CONTRACTOR INFORMATION

Applicant/Company Name		License No
Address	Email	
City	State	Zip
Contact Person	Phone	

DESIGN FIRM

Company Name		License No
Address	Email	
City	State	Zip
Contact Person	Phone	

PERMIT DETAILS Residential Commercial Suppression Alarm

Type of Work	<input type="checkbox"/> New	<input type="checkbox"/> Alteration	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement
Type of System	<input type="checkbox"/> 13	<input type="checkbox"/> 13R	<input type="checkbox"/> 13D	<input type="checkbox"/> ANSUL	<input type="checkbox"/> Other
Work Description					

PROVIDE THE FOLLOWING (AS REQUIRED FOR PERMIT)

<input type="checkbox"/> Plan	<input type="checkbox"/> Cut sheet of sprinkler heads
<input type="checkbox"/> Calculations	<input type="checkbox"/> Other

FEE SCHEDULE	Residential	Commercial
New Construction	<input type="checkbox"/> \$154.50	Valuation \$ _____ \$ _____
Alteration	<input type="checkbox"/> \$54.50	Valuation \$ _____ \$ _____
State Surcharge	\$1.00	\$1.00
Total	\$	\$

SIGNATURES

I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance to provisions of the ordinances of the City of Prior Lake and the State of Minnesota. I further agree that any plans and specifications submitted herein shall become part of this permit application. This permit will expire in six (6) months from the date of issue if a passing final inspection is not obtained.

Signature of Applicant	Date
Printed Name of Applicant	