



**FIRE SYSTEM PERMIT APPLICATION**

**Department of Building Safety**

The City of Vadnais Heights

800 East County Road E • Vadnais Heights, MN 55127

Phone: 651.204.6015 • Fax: 651.204.6100

www.cityvadnaisheights.com

Site Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

Contractor: \_\_\_\_\_ State License # \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

Describe Work: \_\_\_\_\_

Plans Submitted (2): \_\_\_\_\_ Valuation of Work: \$ \_\_\_\_\_

I certify that all work will be done in accordance with the Fire codes and ordinances adopted by the City of Vadnais Heights on the date that application is made. I assume full responsibility for the progress and completion of the work authorized by this permit.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check One:  Owner  Authorized Agent  Contractor

***For Office Use Only***

**Permit Number Assigned:** \_\_\_\_\_

Occupancy(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Sprinkler Heads:  
Quantity: \_\_\_\_\_ Size: \_\_\_\_\_  
Temperature: \_\_\_\_\_  
Plan Reviewed By: \_\_\_\_\_  
Permit Approved By: \_\_\_\_\_

**Fees and Charges**

Fire System permit fees are based upon the valuation of the work to be performed.

Fire system valuation: \_\_\_\_\_  
Fee=Valuation x .02: \_\_\_\_\_  
(Minimum fee - \$63.25 plus surcharge)  
State Surcharge: \_\_\_\_\_  
(State Surcharge=Valuation x .0005)

**Total Due: \$** \_\_\_\_\_