

**City of Isanti**  
110 1<sup>st</sup> Avenue NW – PO Box 428  
Isanti, MN 55040  
Phone 763.444.5512  
Fax: 763.444.5560



## Application for Fire Suppression System Permit

Date \_\_\_\_\_ Permit No. \_\_\_\_\_

<b>Site Address</b>	_____
<b>Tenant/Bldg Name</b>	_____

**Applicant:** Owner \_\_\_\_\_ Contractor \_\_\_\_\_ Other \_\_\_\_\_

<b>Property Owner</b>	Name/Company _____ Phone No. _____ Address _____ City _____ State _____ Zip _____
<b>Contractor</b> <b>Designer/Architect</b>	Company _____ Phone No. _____ Contractor/Registration License No.: _____ Expiration Date _____ Contact Person (Print) _____ Phone No. _____ Address _____ City _____ State _____ Zip _____

**Contractor's Total Valuation \$** \_\_\_\_\_ **Description of Project** \_\_\_\_\_  
**Tank Information:** Storage contents \_\_\_\_\_ Storage Capacity \_\_\_\_\_  
Number of Tanks \_\_\_\_\_ Above/Below Ground \_\_\_\_\_

<b>Fire Permit Type</b> <input type="checkbox"/> 01 - Fire Suppression/Sprinkler System <input type="checkbox"/> 02 – Fire Alarm System <input type="checkbox"/> 05 - Flammable/Comb Liquid Storage Tank <input type="checkbox"/> 06 - Fuel Dispensing System <input type="checkbox"/> 07 – Tent/Canopy
<b>Work Type</b> <input type="checkbox"/> 01 - New <input type="checkbox"/> 02 - Remodel/Alteration <input type="checkbox"/> 03 – Repair <input type="checkbox"/> 04 - Temporary
<b>Office Use -- Required Inspections:</b> <input type="checkbox"/> 01 - Air test/Hydro for Dry Systems <input type="checkbox"/> 02 - Air Pressure Test/Tanks <input type="checkbox"/> 03 – Hydrostatic <input type="checkbox"/> 04 - Air Pressure Test/Lines <input type="checkbox"/> 05 - Visual/Prior to backfill <input type="checkbox"/> 06 - Flow Test

<b>Building Use</b> Educational _____ Commercial/Industrial _____ Institution _____ Other _____
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(Over)

**A COPY OF THE LICENSE MUST ACCOMPANY THE APPLICATION FOR PERMIT.**

**This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.**

I hereby apply for a Fire Permit and I 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 Isanti and with the Minnesota Building/Fire Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

**ARRANGE FOR INSPECTIONS 24 HRS. IN ADVANCE**

\_\_\_\_\_/\_\_\_\_\_  
Signature/Date

Office Use	
Permit Restrictions: _____ _____ _____	
Permit Approved By:	Date Approved:
_____ Building Department	_____ _____
_____ Planning Department	_____ _____