



WHITE BEAR TOWNSHIP
1281 Hammond Road
White Bear Township, MN 55110
Phone: 651-747-2750
Fax: 651-426-2258
BuildingDept@whitebear township.org

AUTOMATIC FIRE SUPPRESSION / FIRE ALARM PERMIT APPLICATION

Applicant: Owner Contractor

Permit Number: _____

PROPERTY INFORMATION

Property Owner: _____

Project Address: _____
Street Address *Suite / Unit #*

Phone: _____ Email Address: _____

CONTRACTOR INFORMATION

Contractor: _____ State License #: _____

Address: _____
Street Address *Suite / Unit #*

City *State* *ZIP Code*

Contact Person: _____ Business Phone: _____

Cell Phone: _____ E-Mail Address: _____

PROPERTY TYPE

Commercial/Industrial Public/Institutional Single-Family Condo / Townhouse Duplex / Two-Family Multi-Family

CONSTRUCTION TYPE

New Alteration / Remodel Repair Replace

PROJECT DETAILS

Dry Sprinkler System – Number of Heads: _____ Storage Tank Install - Size of Tank(s): _____

Wet Sprinkler System – Number of Heads: _____ Storage Tank Removal - Size of Tank(s): _____

Fire Alarm System Chemical / Ansul

Estimated Valuation of Project: \$ _____

Project Description: _____

I hereby apply for an automatic fire suppression fire alarm permit and acknowledge: the information above is complete and accurate; the work will be in conformance with the ordinances and codes of White Bear Township and Minnesota State Building Code; I understand this is not a permit but only an application for permit; work is not to start without permit; work will be in accordance with the Approved Plan when Township plan approval is required. Separate permits are required for electrical, plumbing, mechanical, fire suppression, fire alarm systems, sewer and water. This application and any issued permit may become null and void if permit is not issued or work is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days. I hereby certify that I have read and examined this application. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Applicant Signature: _____ Date: _____

For Office Use Only – Required Inspections

<input type="checkbox"/> Conductivity	<input type="checkbox"/> Flow Test	<input type="checkbox"/> Hood System	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Rough-In
<input type="checkbox"/> Final	<input type="checkbox"/> Flush	<input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Pre-Removal	<input type="checkbox"/> Tamp / Valve
<input type="checkbox"/> Fire Pump	<input type="checkbox"/> Head Locations	<input type="checkbox"/> Pipe / Nozzle	<input type="checkbox"/> Post-Removal	<input type="checkbox"/> Trip Test

Permit Approved by: _____ Date: _____

Final Approval: _____ Date: _____