

SITE INFORMATION

Site Address: _____
Street City State Zip Code

P.I.D.: _____

Owner Name: _____
Last Name, Middle Name, M.I.

Phone Number: () - _____

Owner Address: _____
Street City State Zip Code

Email: _____

CONTRACTOR INFORMATION

Contractor Name: _____
Last Name, Middle Name, M.I.

Phone Number: () - _____

Contractor Address: _____
Street City State Zip Code

Email: _____

Valuation of Work: _____

Contractors Lic. #: _____

Work Description: _____

AGREEMENTS

I hereby apply for a fire system permit, and I acknowledge that the information included with the application is complete and accurate; that the work will be in conformance with the ordinances of the City of Victoria, MN State Building Code, MN State Fire Code and applicable NFPA standards.

Applicant/Contractor's Signature and Date:

Signature Date

OFFICE USE ONLY

Fire Department Comments:

Department Signature and Date:

Signature Date

PLEASE GIVE A 24-HOUR NOTICE TO SCHEDULE INSPECTIONS: To schedule, call (952) 443-4210