



DATE REC'D: _____

FIRE SYSTEM PERMIT APPLICATION

Fire Sprinkler System
Permit No. _____

CITY OF VICTORIA
BUILDING / FIRE INSPECTION DEPARTMENT
7951 ROSE STREET
P.O. BOX 36 - VICTORIA, MN 55386
(952) 443-4210 / FAX (952) 443-2110

SPRINKLER **ALARM**

JOB SITE ADDRESS: _____

LEGAL DESCRIPTION: LOT: _____ BLOCK: _____ SUBDIVISION: _____

APPLICANT: OWNER or CONTRACTOR (circle one) PID NUMBER _____

OWNER: _____ PHONE NO: _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____

CONTRACTOR: _____ PHONE NO: _____

CONTACT PERSON: _____ PHONE NO: _____

STREET: _____ CITY: _____

ZIP: _____ CONTR. #: _____

VALUATION OF WORK : _____

FIRE PERMIT TYPE (PLEASE FILL OUT COMPLETELY)

Sprinkler NFPA13 NFPA 13D NFPA13R NFPA230 / **Alarm** NFPA72

Wet Sprinkler System Deluge System Standpipe Other

Dry System Anti-Freeze System Cooking Hood

Pre-action System Fire Pump Spray Booth/Hood

I HEREBY APPLY FOR A FIRE SPRINKLER SYSTEM 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 AND WITH THE STATE BUILDING CODE; THAT I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT; AND THAT THE WORK WILL BE IN ACCORDANCE WITH THE APPROVED PLAN.

Applicant's Signature _____ Date _____

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