

FIRE MARSHAL PERMIT APPLICATION MAC AIRPORT FIRE DEPARTMENT

6920 34th AVENUE SOUTH
MINNEAPOLIS, MN 55450-2799
612-726-5005 office 612-726-5605 fax

OFFICE USE ONLY
PERMIT
NUMBER:

DATE: _____ MAC NUMBER: _____

SITE ADDRESS: _____

PROJECT VALUATION: \$ _____

APPLICANT IS: CONTRACTOR ARCHITECT ENGINEER OTHER

PROPERTY OWNER/TENANT NAME

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

FAX NUMBER: _____

CONTRACTOR

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

CONTACT PERSON: _____ PHONE NUMBER _____

FAX NUMBER: _____

ARCHITECT/ENGINEER

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

FAX NUMBER: _____

REGISTRATION NUMBER: _____

CLASS OF WORK (CHECK ONE ONLY) NEW ADDITION ALTERATION/REMODEL MAINTENANCE/REPAIR/REPLACE

TYPE OF STRUCTURE-CHECK ONE ONLY

- OFFICES, BANKS, PROFESSIONAL
- STORES, RESTAURANTS, WAREHOUSE
- HOTELS, MOTELS
- PARKING GARAGE
- OTHER NON HOUSEKEEPING SHELTER
- INDUSTRIAL BUILDINGS
- PUBLIC WORKS/UTILITIES BUILDING

- CHURCHES/RELIGIOUS BUILDINGS
- HOSPITAL AND INSTITUTIONAL BUILDINGS
- SERVICE STATIONS/REPAIR GARAGE
- RECREATIONAL, AMUSEMENT
- OTHER NON-RESIDENTIAL
- FENCES, SIGNS, ANTENNAS
- OTHER NON-BUILDING STRUCTURES

PLEASE COMPLETE OTHER SIDE

TYPE OF SYSTEM (CHECK TYPE OF SYSTEM)	NEW BUILDING INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO
SPRINKLER SYSTEM <input type="checkbox"/>	
FIRE EXTINGUISHING SYSTEM <input type="checkbox"/>	EXISTING BUILDING <input type="checkbox"/> YES <input type="checkbox"/> NO
FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK <input type="checkbox"/>	NEW SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO
FLAMMABLE/COMBUSTIBLE LIQUID DISPENSING SYSTEM <input type="checkbox"/>	EXISTING/ALTERATION <input type="checkbox"/> YES <input type="checkbox"/> NO
FIRE ALARM SYSTEM <input type="checkbox"/>	
TENT/CANOPY <input type="checkbox"/>	
HOT WORK PERMIT <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

DESCRIPTION OF WORK _____

TYPE AND NAME OF SYSTEM: _____

I HEREBY APPLY FOR A FIRE MARSHAL PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; THAT THE WORK WILL BE IN CONFORMANCE WITH THE ORDINANCE AND CODES OF THE METROPOLITAN AIRPORTS COMMISSION AND WITH THE MINNESOTA BUILDING/FIRE/ELECTRICAL CODES; THAT I UNDERSTAND THIS IS NOT A PERMIT BUT ONLY AN APPLICATION FOR 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 ALL WORK WHICH REQUIRES REVIEW AND APPROVAL OF PLANS.

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR ALL LINE VOLTAGE WORK.

APPLICANT'S SIGNATURE **DATE**

OFFICE USE ONLY

PROJECT TITLE _____

OFFICE VALUATION \$ _____

CONSTRUCTION TYPE _____ **OCCUPANCY GROUP** _____ **TOTAL SF** _____

NUMBER OF UNITS _____ **NUMBER OF STORIES** _____

CONDITIONS OF ISSUANCE: _____

PERMIT APPLICATION APPROVED BY: _____ (DATE)
(MAC Fire Marshal)

PERMIT PROCESSED BY: _____ **DATE:** _____