



*City of Brooklyn Center*  
 Community Development  
 6301 Shingle Creek Pkwy, Brooklyn Center, MN 55430-2199  
 Ph: (763)569-3300 TTY 711 Fax: (763)569-3360  
[www.cityofbrooklyncenter.org](http://www.cityofbrooklyncenter.org)

**Fire Suppression Permit  
 Application**

**Permit No:** \_\_\_\_\_

Site Address _____ Date of Application: _____	
Tenant Name & Contact (For Commercial Only) _____	
Applicant is: <input type="checkbox"/> Contractor <input type="checkbox"/> Owner	
<b>Property Owner</b>	Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Email _____
<b>Contractor</b>	Company Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Contact Person _____ Email _____
	Company Phone _____ License No. _____
<b>Design Engineer</b>	Company Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Contact Person _____ Phone _____
	Email _____ Registration No. _____

*Please Note: This form is for fire suppression systems only. Monitoring systems are processed with a building permit application.*

**Description of work:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***New Systems are Required to Complete a Sprinkler Plan Review Sheet.  
 All Drawings for New Commercial Require the Signature of the Design Engineer.***

Does the area contain rack or high piled storage?  Yes  No Valuation of Work Performed:

*The undersigned acknowledges that this application has been read and that the above information is correct and agrees to comply with all ordinances, laws and applicable codes of the City of Brooklyn Center and the State of Minnesota.*

Applicant Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 (Please Print)

***Permits must be submitted in person or mailed. Permits will not be accepted via e-mail or fax.***

## City Staff Use Only

<b>Permit Type</b>	<input type="checkbox"/> Chemical Fire Suppression <input type="checkbox"/> Fire Pump	<input type="checkbox"/> Kitchen Fry Hoods <input type="checkbox"/> Sprinkler System (Wet)	<input type="checkbox"/> Sprinkler System (Dry) <input type="checkbox"/> Standpipe System
<b>Work Type</b>	<input type="checkbox"/> Addition <input type="checkbox"/> New	<input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Repair	<input type="checkbox"/> Replace <input type="checkbox"/> Tenant Finish
<b>Required Inspections</b>	<input type="checkbox"/> Air Test <input type="checkbox"/> Final	<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Trip Test <input type="checkbox"/> Sprinkler Piping

### Computation of Fees for Fire Protection

Valuation \$1,001-\$2000	\$49.50 for the first \$1,000 plus \$3.25 for each additional \$100 or fraction thereof, to and including \$2000		
Valuation of \$2,001-\$25,000	\$82.00 for the first \$2,000 plus \$14.85 for each additional \$1,000 or fraction thereof, to and including \$25,000		
Valuation \$25,001-\$50,000	\$423.55 for the first \$25,000 plus \$10.70 for each additional \$1,000 or fraction thereof, to and including \$50,000		
Valuation \$50,001-\$100,000	\$691.05 for the first \$50,000 plus \$7.45 for each additional \$1,000 or fraction thereof, to and including \$100,000		
Valuation \$100,001 to \$500,000	\$1,063.55 for the first \$100,000 plus \$6 for each additional \$1,000 or fraction thereof, to and including \$500,000		
Valuation of \$500,001 to \$1,000,000	\$3,463.55 for the first \$500,000 plus \$5.10 for each additional \$1,000 or fraction thereof, to and including \$1,000,000		
Valuation \$1,000,001 and up	\$6013.55 for the first \$1,000,000 plus \$4 for each additional \$1,000 or fraction thereof		
Plan check fee	65% of the amount of the permit fee		
<table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="width: 150px;"><b>System Subtotal</b></td> <td style="width: 100px; height: 20px;"></td> </tr> </table>		<b>System Subtotal</b>	
<b>System Subtotal</b>			
<b>Permit Fee Subtotal</b> _____ <b>*Plan Review (65% of Base Fee)</b> _____ <b>State Surcharge (0.0005 of Value)</b> _____ <b>Total Permit Fee</b> _____			

Special Conditions/Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Required Approvals:</b>	<b>Signature</b>	<b>Date</b>
Building Official/Inspector		
Entered By		

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