



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

**Fire Suppression Permit
 Application**

Permit No: _____

Site Address _____ Date of Application: _____

Tenant Name & Contact (For Commercial Only) _____

Applicant is: Contractor Owner

Property Owner	Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Email _____
Contractor	Company Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Contact Person _____ Email _____
	Company Phone _____ License No. _____
Design Engineer	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			
Permit Type	<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
Work Type	<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
Required Inspections	<input type="checkbox"/> Air Test <input type="checkbox"/> Final	<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Trip Test

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;">System Subtotal</td> <td style="width: 100px; height: 20px;"></td> </tr> </table>		System Subtotal	
System Subtotal			
Permit Fee Subtotal _____ *Plan Review (65% of Base Fee) _____ State Surcharge (0.0005 of Value) _____ Total Permit Fee _____			

Special Conditions/Remarks: _____

Required Approvals:	Signature	Date
Building Official/Inspector		
Entered By		

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