



Date: _____ Permit #: _____

Fire Permit Application

SITE ADDRESS: _____

Tenant/Building Name: _____

Applicant Information

Owner _____ Contractor _____ Designer/Architect _____ Tenant _____

CONTRACTOR OR DESIGNER/ARCHITECT

Company: _____ Phone: _____

Contact Person (print): _____ Phone: _____

Contractor/Licensed Electrician Registration License #: _____ Expiration Date: _____

Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

PROPERTY OWNER

Name/Company: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

Fire Permit Type

- Fire Suppression/Sprinkler System
- Fire Alarm System
- Flammable/Combustible Liquid Storage Tank
- Fuel Dispensing System
- Tent/Canopy

Work Type

- New Construction
- Remodel
- Repair
- Tank Removal
- Temporary

Building Use (Occupancy)

- Assembly
- Business
- Educational
- Factory
- Hazardous
- Institutional
- Tent/Canopy
- Residential
- Storage
- Miscellaneous

Description of Project: _____

Estimate Value of Work: \$ _____

Tank Information (if applicable)

Contents: _____

Capacity: _____ Number of tanks: _____

Above-Ground Storage Tank

Under-Ground Storage Tank

Notes to Applicant

- This permit shall be null and void if authorized work is not started within 180 days or if work is suspended/abandoned for 180 days or more after work has started.
- Comply with City Code 111.02 prohibitions and limitations of construction on city or Shakopee Public Utilities easements.
- Plan review normally requires a minimum of 10 working days from receipt of the **COMPLETE** application **AND** required information. You will be contacted with the fire permit fee once our review is complete. Upon receipt of the payment, the permit will be issued.
- Permit and plan review fees are based on City Code 111.04 and are available at www.ShakopeeMN.gov/feeschedule.
- **PLEASE ARRANGE FOR INSPECTIONS 24 HRS IN ADVANCE**

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Shakopee to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Shakopee and the State of Minnesota.

Applicant's Signature

Date

Permit Review Submittal Checklist

- ___ Completed application
- ___ Copy of contractor registration or license, as applicable
- ___ Minimum two (2) sets of full-sized plans
- ___ One (1) set of 11x17" plans
- ___ One (1) set of hydraulic calculations or battery calculations, if applicable
- ___ Product specification sheets for all materials used on the project
- ___ A PDF copy of all documents submitted on disc/jump drive or emailed to firesafety@ShakopeeMN.gov

CITY OF SHAKOPEE USE – PERMIT APPROVED BY:

Fire Department

Date

Building Division

Date

Planning Division

Date

Permit Restrictions:

Permit Fee: \$ _____ Plan Review Fee: \$ _____ Surcharge: \$ _____