



DEPARTMENT OF
BUILDING SAFETY

CITY OF OTSEGO
13400 – 90th STREET NE / OTSEGO, MN 55330
(763) 441-2593 • (FAX) 441-9163
www.building@ci.otsego.mn.us

FIRE SPRINKLER PERMIT APPLICATION

PERMIT #: _____

PID #: 118 - _____ - _____

Note: A separate permit is NOT required from the MN State Fire Marshall's Office

Date Received: _____ Received By: _____ Approved By: _____

APPLICANT COMPLETE INFORMATION BELOW

Property Owner: _____

Property Address: _____

Contractor Name: _____ License #: _____

Contractor Address: _____ Phone #: _____

Architect / Designer / Engineer Information

<u>Name</u>	<u>Address</u>	<u>Phone #</u>

Building Information

<u>Type of Construction</u>	<u>Building Size</u> (total sq. ft.)	<u>Valuation of Work</u> \$
<u>Maximum Occupancy Load</u>	<u># of Stories</u>	<u>Occupancy Group</u>

Office Use Only

New
 Addition
 Build-Out
 Repair
 Remodel

Permit Fee: \$ _____

This request becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced.

I hereby certify that I have read and examined this request and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a request does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Contractor Signature

Date