



**CITY OF
MAPLE GROVE**

**Fire Permit
Application**

12800 Arbor Lakes Parkway, PO Box 1180, Maple Grove, MN 55311-6180

Phone 763-494-6090 Fax 763-494-6421

All items must be filled out completely or this application will be returned!

- Type of permit
- Fire Alarms
 - Fire Alarm
 - Communicator

- Type of Submittal
- Full Submittal
 - Limited Permit Request
(Responsible person must pick up in person and sign the liability waiver. Full plan submittal is required.)

- Day Work *(must be submitted a minimum of 12 hours before work is started)includes Service Work*

- Emergency Work *(must be submitted within 24 hours after the conclusion of any emergency repair work)*

- Work Type
- New
 - Addition
 - Remodel/alter
 - Repair/service

Site Location	_____
	Number _____ Street _____ Suite _____
Tenant/Business Name	_____
Applicant	_____
	Name (Last) _____ (First) _____ (Middle Initial) _____
	The applicant is the <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____
Contractor	Company _____ Phone _____
	Name _____ Fax _____
Contractor License #	Address _____
	City _____ State _____ Zip _____
Designer/Engineer	Company _____ Phone _____
	Name _____ Fax _____
NICET ID #	Address _____
	City _____ State _____ Zip _____

Contractor's Total Valuation \$ _____

A COPY OF THE CONTRACT MUST ACCOMPANY THE APPLICATION FOR PERMIT

Use below for Day Work or Emergency Work only

Provide a brief description of what work will take place:

Provide a brief description of what happened to cause this work to be necessary:

Provide a summary of any programming that needs to be completed:

Provide a brief description of where the work will take place:

Provide the make, type, model of components installed or replaced:

Provide UL fire alarm certificate number and edition:

Permit and Plan Review Fee are based on MG Ordinance Code, Chap. 16, Article VI, and any actual charges incurred when the City's consultant is utilized. An additional fee will be charged for plan review of revised plans. Plan review fee and 20% of the base permit fee are non-refundable with any request for cancellation after a permit has been issued.

I hereby apply for this permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Maple Grove and with the Minnesota Building/Fire Codes; that I understand this is not a permit but only an application for a 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 work which requires a review and approval of plans.

Applicant's Signature _____ **Application Approved By** _____ **Date Approved** _____

Fire Alarm Plan Review Requirements

The following information shall be provided for a plan review:

1. Signed Fire alarm application
2. Copy of contract
3. Permit Fees
4. Plans and specifications (3 sets)

All full submittals must include the following information:

a. Riser diagram

- zones (floors, areas, type of device)
- location of EOLR
- number of devices (alarm, supervisory, signaling devices)
- number of conductors shown
- equipment information (FACP & FAAP)

b. PT to PT Floor Plan

- floor plan to scale (scale shown graphically)
- type of wiring (plenum-non-plenum, gauge of wire, number of conductors)
- device placement
- EOLR location
- zone designation correlates with riser

c. Manufacturer's Specification Sheets

- manufacturer's specification sheet on each type of device to be used.

d. Test and Calibration Methods

- detection device can be tested without the use of smoke
- manufacturer's cleaning and calibration methods

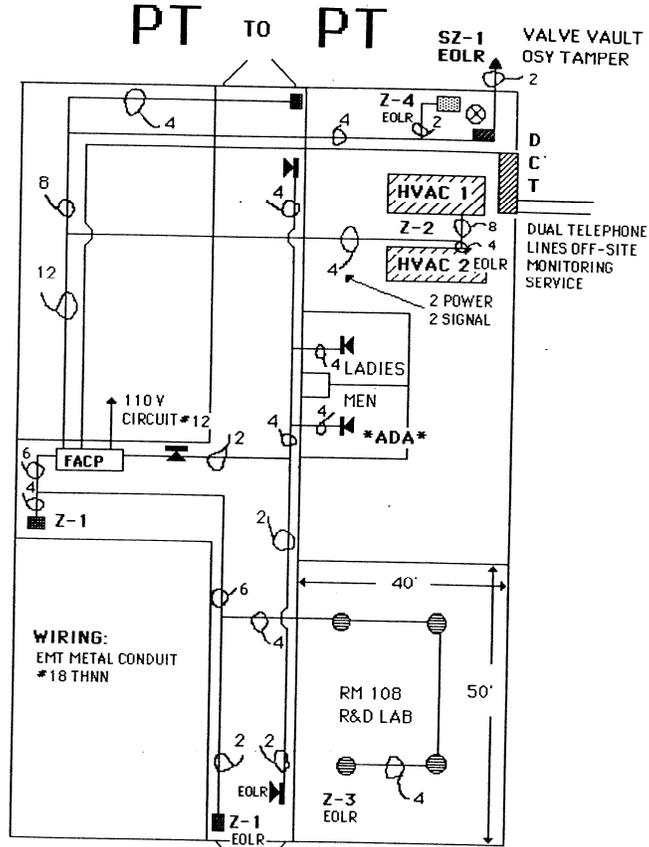
e. Battery Calculation

- battery calculations demonstrating secondary power requirements (24 hours of stand-by power and then five minutes of alarm annunciation)

f. Central Station (UL-72 Certificate requirements)

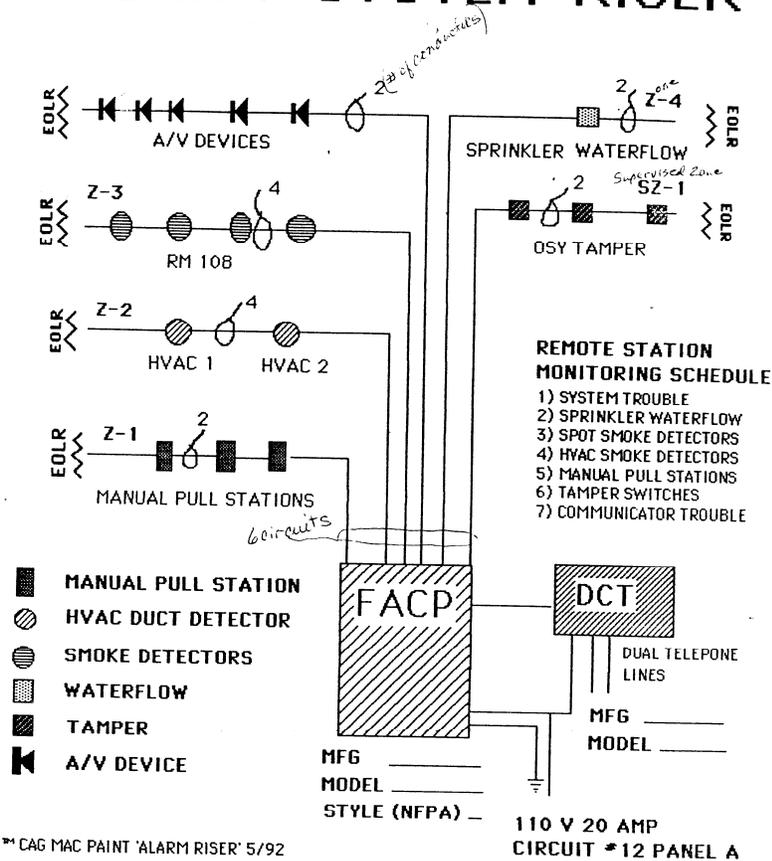
- company monitoring system (UL-72 Central Station)
- means of transmission to Central Station which
- zone information transmitted to monitoring company
- address and business/building name to be used for dispatching

FIRE ALARM FLOOR PLAN



TM CAG MacPAINT 'ALARM FLOOR' 5/92

ALARM SYSTEM RISER



TM CAG MAC PAINT 'ALARM RISER' 5/92

110 V 20 AMP
CIRCUIT #12 PANEL A



12800 Arbor Lakes Parkway, PO Box 1180, Maple Grove, MN 55311-6180 763-494-6000

Fire – Rescue Department

FIRE DEPARTMENT
763-494-6300

FIRE INSPECTIONS
763-494-6090

Use this sheet for credit card information only.
This will be destroyed after the permit has been processed.

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to yourself and to those people who need to know it in order to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

<p>TO PAY BY CREDIT CARD</p> <p><u>VISA OR MASTERCARD</u></p>	<p>Name as it appears on credit card: _____</p> <p>Type of credit card: <input type="radio"/> VISA <input type="radio"/> MASTERCARD</p> <p>Expiration Date: ____/____/____</p> <p>Account Number: _____</p> <p>Signature: _____ Date: _____</p>
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