

**OWATONNA FIRE DEPARTMENT
107 W. Main
Owatonna MN 55060
Phone: 507-444-2454 Fax: 507-444-2457**

Commercial Industrial Institutional Public Facility Multi-Family

FIRE SUPPRESSION SYSTEM PERMIT APPLICATION

Date: _____ **Permit Number:** _____

Building Address: _____

Owner's Name: _____

Address: _____

Phone #: _____

Contractor's Name: _____

Address: _____

Phone #: _____ **State License #:** _____

Type of Work (check one): New Addition Repair Alteration

System Valuation

Total Fire Suppression Contract Amount: _____

Permit Fee (0.02 x Contract Amount): _____

Two sets of plans are required.

This permit does not relieve the contractor from compliance with appropriate Federal, State or Local regulations concerning this installation. The contractor certifies that the above information is correct.

Applicant Signature: _____