

**OWATONNA FIRE DEPARTMENT
107 W. MAIN STREET
OWATONNA MN 55060
507-444-2454**

HOOD EXTINGUISHING SYSTEM PERMIT NO. _____
PERMIT APPLICATION

Contractor Information

Name of Contractor: _____ License No. _____

Project Information

Project Name: _____

Street Address: _____

System Valuation

Total Extinguishing System Contract Amount: _____

Permit Fee (0.02 x Contract Amount): _____

TOTAL FEE: _____

Note: Contractor is responsible to submit State Surcharge Fee directly to the State

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: _____ Date: _____

