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|----------------------------|-------------------------------------|--------------------------------------|----------------------------------|
| Building Use | <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential | Application Number: PRAL20 _____ |
| Property Address _____ | | Unit/Suite _____ | |
| Business/Tenant Name _____ | | | |
| Work Description _____ | | | |
| Project Manager _____ | | Cell Phone (____) _____ - _____ | |
| Job Foreman _____ | | Cell Phone (____) _____ - _____ | |

| | | |
|-----------|------------|--|
| APPLICANT | Owner | Owner Name(s) _____ |
| | | Address _____ |
| | | City _____ State _____ Zip _____ |
| | | E-mail Address _____ |
| | | Contact Phone (____) _____ - _____ Alternate Phone (____) _____ - _____ |
| | Contractor | State Contractor License No. _____ |
| | | Business Name _____ |
| | | Address _____ City _____ State _____ Zip _____ |
| | | Applicant Name _____ Contact Phone (____) _____ - _____ |
| | | E-mail Address _____ |

| Type of System and Description | | Number of Devices * | | | ----- Submittal Requirements ----- | | | | | | |
|--------------------------------|----------------------------|---------------------|-----|---------|------------------------------------|------------|--------------|----------------|------------|----------------|------------------------|
| | | New | Add | Alt/Rem | Plans | Cut Sheets | Panel Matrix | Pressure Calcs | Load Calcs | Wiring Diagram | Proof of Compatibility |
| Fire Alarm | Post Fire Smoke Evacuation | | | | 3 sets | Y | Y | Y | ----- | ----- | ----- |
| | Smoke Detection | | | | 3 sets | Y | ----- | ----- | Y | Y | Y |
| | Stair Pressurization | | | | 3 sets | Y | Y | Y | ----- | ----- | ----- |
| | Horn/Strobes | | | | 3 sets | Y | ----- | ----- | Y | Y | Y |
| Smoke Control System | Automatic | | | | 3 sets | Y | Y | Y | ----- | ----- | ----- |
| | Manual | | | | 3 sets | Y | Y | Y | ----- | ----- | ----- |
| | Sprinkler Monitoring | | | | 3 sets | Y | ----- | ----- | ----- | ----- | Y |
| | Stair/Door Release | | | | 3 sets | Y | ----- | ----- | ----- | ----- | Y |

* Alterations/remodels w/10 or more devices must submit: 3 sets of plans, 1 set of cut sheets, 1 set of load calcs and 1 wiring diagram,.

Other Fire Alarm Items? Describe _____

Electrical Permit & Inspection Requirements - Minnesota Statute 326.244 subd 1A requires electrical inspections for any installation, alteration, or repair of fire alarm systems. A separate *Electrical Permit Application* must be submitted and approved by the City of Bloomington; inspections are required for all line voltage work.

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I hereby apply for a fire alarm permit and I acknowledge the information above is complete and accurate; the work will be in conformance with the ordinances and codes of the City of Bloomington and with the Minnesota Building/Fire/Electrical Codes; I understand this is not a permit but only an application for a permit and work is not to start without a permit; the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

Applicant Signature _____ Date Signed ____/____/____

Project Valuation \$ _____

See Fire Suppression and Fire Alarm Permit/Plan Check Fee Schedule*

We accept payment by Visa, Master Card, and Discover or by check payable to City of Bloomington.

Plan check fee may be waived at the discretion of Fire Prevention staff.

***City staff will contact applicant with total fee due.**

THIS SECTION TO BE COMPLETED BY FIRE PREVENTION STAFF ONLY

Required Reviews Council Conditions Electrical Other _____

Separate Electrical Permit Required? Y / N

Number of Tenant Spaces _____

Number of Stories _____

Construction Type _____

Occupancy Group _____

Sprinkler Area _____ (sq. ft.)

Other Fees? Y / N Amount \$ _____ Type/Describe _____

Required Inspections Rough-in Acceptance Final

Plan Review Fee Required

Conditions of Issuance _____

Reviewed Electronically-Office plans are in Cityview

Fire Inspector Approval _____ **Date Approved** ____/____/____