

*Office use only*

Permit no.:

Site address	Date
Tenant/building name	Suite/unit no.
Applicant is <input type="checkbox"/> Architect/engineer <input type="checkbox"/> Contractor <input type="checkbox"/> Owner	Condominium no.

### Property owner

Name		Phone	
Address	City	State	Zip

### Contractor

Name			
Address	City	State	Zip
Phone	Cell phone	License no.	

### Architect/engineer

Name			
Address	City	State	Zip
Phone	Cell phone	Registration no.	

### Class of work

- Check only one.*
- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 1 New      | <input type="checkbox"/> 3 Alteration/remodel         |
| <input type="checkbox"/> 2 Addition | <input type="checkbox"/> 4 Maintenance/repair/replace |

### Type of structure

- Check only one.*
- |  |  |
|--|--|
| <input type="checkbox"/> 01 Single-family residential                | <input type="checkbox"/> 45 Recreational, amusement              |
| <input type="checkbox"/> 02 Single-family connected to single-family | <input type="checkbox"/> 46 Other non-housekeeping shelter       |
| <input type="checkbox"/> 03 Residential garage                       | <input type="checkbox"/> 65 Industrial building                  |
| <input type="checkbox"/> 30 Two family residential                   | <input type="checkbox"/> 70 Public works and utilities building  |
| <input type="checkbox"/> 31 Three - four family residential          | <input type="checkbox"/> 80 Public school                        |
| <input type="checkbox"/> 32 Multiple-family residential              | <input type="checkbox"/> 81 Private school                       |
| <input type="checkbox"/> 40 Offices, banks, professional             | <input type="checkbox"/> 85 Churches and religious building      |
| <input type="checkbox"/> 41 Stores, restaurants, warehouse           | <input type="checkbox"/> 88 Hospitals and institutional building |
| <input type="checkbox"/> 42 Hotels, motels                           | <input type="checkbox"/> 93 Other non-residential building       |
| <input type="checkbox"/> 43 Parking garage                           | <input type="checkbox"/> 95 Fences, signs, antennas              |
| <input type="checkbox"/> 44 Service stations and repair garage       | <input type="checkbox"/> 96 Other non-building structure         |

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**Project details**

Description of work to be done \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated completion date \_\_\_\_\_

**Fee**

Job Cost ..... \$ \_\_\_\_\_

**A.** Permit Fee 1% of job cost or \$40, whichever is greater ..... \$ \_\_\_\_\_

**B.** Surcharge 0.0005 X Job cost ..... \$ \_\_\_\_\_

**TOTAL FEE** A + B ..... \$ \_\_\_\_\_

**Please read and sign**

I hereby apply for a sprinkler 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 Bloomington and with the Minnesota Building 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 all work which requires review and approval of plans.

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*

**Do not write below this line**

Inspector no. \_\_\_\_\_ Case no. \_\_\_\_\_

Conditions of issuance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Valuation \$ \_\_\_\_\_

Other fees?  Yes  No Describe \_\_\_\_\_ Amount \$ \_\_\_\_\_

Permit approved by \_\_\_\_\_ Date \_\_\_\_\_

Reference no. \_\_\_\_\_