



WEST METRO FIRE RESCUE DISTRICT

4401 Xylon Ave N • New Hope MN 55428 • Phone: 763-531-5127 • Fax: 763-531-5136
• newhopemn.gov • newhopeinspections@newhopemn.gov

FIRE SYSTEMS PERMIT APPLICATION

PROCESS

- A separate permit is required for electrical work.
- This permit becomes null and void if work or construction authorized is not commenced within 180 days or work is suspended or abandoned for a period of 180 days at any time after work is commenced.
- **Do not begin work without a permit.**

Permit# _____

Received Application _____

Received Payment _____

For Office Use Only

INCLUDE THE FOLLOWING ITEMS:

- ✓ Fire Systems Permit Application (this sheet) filled out completely.
- ✓ Site Plans
- ✓ Payment (see below)

PROPERTY INFORMATION

Property Address: _____

PROPERTY OWNER INFORMATION

Property Owner: _____

Contact Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

CONTRACTOR INFORMATION

Business Name: _____

Contact Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

License Number: _____ Exp. Date: _____

TYPE OF PERMIT

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Communicator | <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Monitoring System | <input type="checkbox"/> Wet Sprinkler System |
| <input type="checkbox"/> Dry Sprinkler System | <input type="checkbox"/> Fire Pump | <input type="checkbox"/> Pre-Action Sprinkler Syst | <input type="checkbox"/> Other |

WORK INFORMATION

- Alteration Install New Repair Sprinkler Heads Qty: _____ Other

Description of Work: _____

Value of Work Including Labor: \$ _____ Start Date: _____ Completion Date: _____

REQUIRED INSPECTIONS *COMPLETED BY CITY STAFF*

- | | | | | | |
|---------------------------------------|---|--|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Air Test | <input type="checkbox"/> Final | <input type="checkbox"/> Function Test | <input type="checkbox"/> Main Drain | <input type="checkbox"/> Rough-In | <input type="checkbox"/> 24 Hour Battery |
| <input type="checkbox"/> Battery Test | <input type="checkbox"/> Fire Pump Test | <input type="checkbox"/> Hydro Test | <input type="checkbox"/> Other | <input type="checkbox"/> Trip Test | <input type="checkbox"/> Water Flow Test |

Approved By: _____ Date: _____



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FEE SCHEDULE

\$1 - \$500	\$30.30
\$501 - \$2,000	\$30.30 for the first \$500 plus \$3.27 for each additional \$100
\$2001 - \$25,000	\$79.35 for the first \$2000 plus \$15.40 for each additional \$1,000
\$25,001 - \$50,000	\$433.35 for the first \$25,000 plus \$11.11 for each additional \$1,000
\$50,001 - \$100,000	\$711.30 for the first \$50,000 plus \$7.70 for each additional \$1,000
\$100,001 - \$500,000	\$1,096.30 for the first \$100,000 plus \$6.16 for each additional \$1,000
\$500,000 - \$1,000,000	\$3,560.30 for the first \$500,000 plus \$5.23 for each additional \$1,000
\$1,000,000 and up	\$6,175.30 for the first \$1,000,000 plus \$4.02 for each additional \$1,000
Plan Check	65% of fire permit fee

Permit Fee	
Plan Check Fee	
State Surcharge	
Fees Due Upon Application	

*For more information regarding the fee schedule and additional charges please visit our website newhopemn.gov.

Signature: _____ **Date of Application:** _____

PAYMENT

Check (Make payable to City of New Hope. Mail Attn: Inspections Department to 4401 Xylon Ave N, New Hope, MN 55428)

Credit Card (Fill in information below)

- Credit Card Number: _____ Expiration Date: _____
- Billing Address: _____
- Signature: _____ Name (Print): _____