



**CITY OF BLAINE**  
**SAFETY SERVICES**  
 Fire Inspections  
 10801 Town Square Drive  
 Blaine MN 55449  
 Business Phone 763-785-6187  
 Fax 763-717-2634



## Automatic Extinguishing System Permit Application

Location of Work:	_____		
Business Name:	_____		
Owner:	_____	Phone No:	_____
Applicant Name:	_____		
Address:	_____		
Contact Person:	_____	Phone No:	_____
State License #:	_____	Valuation:	_____
Type of System:	_____		
System Design Occupancy Classification (i.e. light hazard)	_____		
Use/Occupancy Description	_____		
Description of Work:	_____		
Dates of Work:	_____		
(3) Sets of plans; spec sheets and hydraulics required on all submittals with more than 10 heads.			
<b>Note: Contractor responsible for installing per NFPA and Manufacturing specification.</b>			
Number of Sprinkler Heads/Nozzles:	_____	x \$ 5 .00	_____
Number of Standpipes:	_____	x \$50.00	_____
State Surcharge			+ 5.00
Total			_____
Applicants Signature _____			
Fee schedule \$5.00 per sprinkler head or nozzle. Minimum fee \$55.00.			
Fee schedule \$50.00 per standpipe.			