

Date Received: _____
Received By: _____
Permit #: _____



Building Department
3880 Laverne Avenue North, Lake Elmo, MN 55042 www.lakeelmo.org
Tel: 651-747-3918

FIRE SUPPRESSION PERMIT APPLICATION

Project Address: _____

Property Owner: _____ Phone: _____

Address: _____

Email Address: _____

The Applicant is: Owner: _____ Contractor: _____

Sprinkler Contractor: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

License No: _____ Expiration Date: _____ Phone: _____

Email Address: _____ Contact Name _____

Type of Work: (check one) Residential: _____ Commercial: _____

Other (Describe): _____

Description of Work Covered by this Permit: _____

Estimated Completion Date: _____ Value of Proposed Work: _____

Applicant Name (Please Print) _____

Applicant Signature: _____ Date: _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of the laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

Include 2 copies of complete plans, cut sheets for all materials, and calculations

City Use Only

Application Reviewed by: _____ Date: _____