



FIRE SAFETY APPLICATION

5959 Main Avenue NE
Albertville, MN 55301
Phone: 763.497.3384 Fax 763.497.3210

Date Received: _____
Date Notified _____
Date Paid _____
Ck, Cash, CC _____
Permit # _____

Site Address: _____

Business Name: _____

The Applicant is: _____ Owner _____ Contractor _____ Tenant _____

Legal Description: PID # _____
Addition _____ Lot _____ Block _____

Owner:
Name _____ Address _____
City _____ State _____ Zip _____
Email _____
Phone (H) _____ (W) _____ (C) _____

Contractor:
Company Name _____ License # _____
Address _____ City _____ St _____ Zip _____
Contact Person _____ Email _____
Phone: (W) _____ (C) _____ (Fax) _____

Architect:
Name _____ Address _____
City _____ State _____ Zip _____
E-Mail _____
Phone (W) _____ (C) _____ (Fax) _____

Type of Work:
 New Addition Alteration Demo

Description of Work: _____

Estimated Valuation of Work: \$ _____

Separate permits are required for electrical, plumbing, heating or fireplace. I hereby apply for the above consideration and declare that the information and materials submitted with this application are in compliance with City Ordinance and Policy Requirements and are complete and accurate to the best of my knowledge. It is applicants responsibility to locate and establish the elevations, if needed, of all site improvements. Required adjustments at owners expense. I understand that all City incurred professional fees and expenses associated with the processing of this request are the responsibility of the property owner and/or applicant and will be promptly paid. If payment is not received from the applicant, the property owner acknowledges and agrees to be responsible.

Applicants Signature _____ Applicants Printed Name _____ Date _____

BUILDING PERMIT FEES

Permit _____

Surcharge _____

Plan Check _____

TOTAL _____

Received By _____

Type of Const. _____

Occupancy Group _____

Total Sq Ft of Bldg _____

No. of Stories _____

Zoning _____

Max Occupant Load _____

Are Fire Sprinklers Required?
 Yes No

Approved by Building Official:

Date: _____

Special Conditions or Comments: _____

