

ALTERNATIVE AUTOMATIC FIRE EXTINGUISHING SYSTEMS PERMIT APPLICATION



**CITY OF MOORHEAD
FIRE PREVENTION DIVISION
402 21st Street South Moorhead, MN 56560
(218) 299-5433 / chad.stangeland@moorheadmn.gov**



[] PLAN INCLUDED	
Site Address: _____	Date: _____
Occupant: _____	Telephone: () _____
Building Name: _____	
Owner Name: _____	Telephone: () _____
Owner Address: _____	Email: _____
Contractor: _____	Telephone: () _____
Address: _____	License: _____
	Email: _____
Building Type: Commercial [] Residential [] Other [] _____	
Work Description: _____	
Install [] Alter [] Replace []	
Dates: Start: _____	End: _____
Type of Commercial Cooking System - UL 300 & NFPA 96 - In compliance with MN State Fire Code 904.12:	
Hazard: _____	
[] NFPA 750 Automatic Mist System	[] NFPA 16 Foam Water Sprinkler System
[] NFPA 13 Automatic Sprinkler System	[] NFPA 17A Wet Chemical
[] NFPA 12 Carbon Dioxide	[] UL 710B & Custom Factory Built Systems
[] NFPA 17 Dry Chemical	Section Not Otherwise Listed Above
	304.1 of IBC
Monitored: [] Yes [] No	
If yes, where: _____	
Type of Alternative System:	
Hazard: _____	
[] NFPA 2010 Aerosol Fire Extinguisher	[] NFPA 17 Dry Chemical
[] NFPA 750 Automatic Water Mist System	[] NFPA 12A Halon
[] NFPA 12 Carbon Dioxide	[] NFPA 17A Wet Chemical
[] NFPA 2001 Clean Agent	[] NFPA 11 Foam System
	& 16
Monitored: [] Yes [] No	
If yes, where: _____	

Notice: This permit becomes null and void six months after date of issuance. Extensions granted by Fire Chief at time of permit issuance only.

I HEREBY CERTIFY that I have read and examined this application and know the same to be true and correct. All provisions of 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 provisions of any state or local law regulating construction or the performance of construction.

*Inspection Fee: \$65.00 / hour **per system** (with 2 hour minimum) * **Permit Fee Due:** \$ _____

Signed: Owner/Representative: _____ Date: _____

Approval by Authorized Fire Personnel:

Approved by: _____ Date: _____

OFFICE USE ONLY	PERMIT #	*TOTAL FEE	CASH	CHECK #