



CITY OF MAPLEWOOD
Building Department
1830 County Road B East Maplewood, MN 55109
Phone (651)249-2300
www.MaplewoodMN.gov

Permit # _____

Fire System Permit Application

Date _____

PIN _____

Residential OR **Commercial** – Business Name _____

Fire Alarm Fire Suppression Fire Sprinkler

Work Description _____ VALUATION \$ _____

Site Address _____

Lot _____ Block _____

Addition or Tract _____

Property Owner _____ Phone _____

Address _____

Contractor/Applicant _____ Phone _____

Address _____ City _____ State _____ Zip _____

State License No. _____ E-Mail _____

Comments:

*****Separate permits required for electrical, mechanical, plumbing and building*****

The undersigned makes application for a permit to do building work as herein specified and agrees to do the work in accordance with all applicable code requirements.

Applicant Signature

Date

City approved by

Date

Applicant (Printed)