



Department of Building Safety
101 4th Street East, Hastings, MN 55033
p. 651-480-2342 f. 651-437-7082
e. building@hastingsmn.gov
www.hastingsmn.gov

Fire Protection Permit Application

Owner Name:
Address:
City/State: Zip:
Phone: Fax/Email:

Site Address:
Legal Description:

Contractor:
Address:
City/State: Zip:
Phone: Fax:
License #

Contact:
Phone: Fax:
Email:
Engineer/Designer:
Phone: Fax:

Project Description:

(check one): new addition alteration

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Fire Extinguishing System

- Type of System: Wet Pipe Dry Pipe
NFPA 13 NFPA 13 R Other
Exhaust hood suppression system
Hydraulic calculations/submittal data/plans
Alteration to existing system
Site Plan showing Fire Dept. connection location and access route.

Valuation: \$

Fire Alarm

- Nonresidential Residential
Construction documents attached (min. 3 copies)
Site plan showing location of exterior audio/visual alarm device.
Floor plan showing alarm control and trouble signaling equipment location.
Manufacturers, model numbers, and listing information for equipment, devices and materials.

Valuation: \$

The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of Hastings.

Signature of Applicant or Authorized Agent

Date

NOTICE: This is an application only. Permit will be issued after City approval and payment of fees.

*****FOR OFFICE USE ONLY*****

App Accepted by
Bldg Approval
F.M. Approval
Eng. Approval
Approval to Issue by:
Date Approved:

Date
Cont Lic #
Occupancy

Type of Const
of Stories
Permit#
Paid Date

Additional conditions or requirements: