

**ALTERNATIVE AUTOMATIC FIRE EXTINGUISHING SYSTEMS PERMIT APPLICATION**



**CITY OF MOORHEAD  
FIRE PREVENTION DIVISION  
111 12th Street North, Moorhead, MN 56560  
(218) 299-5433 / chad.stangeland@moorheadmn.gov**



<b>[ ] PLAN INCLUDED</b>			
Site Address: _____ Occupant: _____ Building Name: _____ Owner Name: _____ Owner Address: _____ Contractor: _____ Address: _____	Date: _____ Telephone: ( ) _____ Telephone: ( ) _____ Email: _____ Telephone: ( ) _____ License: _____ Email: _____		
Building Type: Commercial [ ] Residential [ ] Other [ ] _____ Work Description: _____ Install [ ] Alter [ ] Replace [ ] Dates: Start: _____ End: _____			
<b>Type of Commercial Cooking System - UL 300 &amp; NFPA 96 - In compliance with MN State Fire Code 904.12:</b> Hazard: _____ <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> NFPA 750 Automatic Mist System  <input type="checkbox"/> NFPA 13 Automatic Sprinkler System  <input type="checkbox"/> NFPA 12 Carbon Dioxide  <input type="checkbox"/> NFPA 17 Dry Chemical                 </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> NFPA 16 Foam Water Sprinkler System  <input type="checkbox"/> NFPA 17A Wet Chemical  <input type="checkbox"/> UL 710B &amp; Custom Factory Built Systems                      Section Not Otherwise Listed Above                      304.1 of IBC                 </td> </tr> </table> Monitored: [ ] Yes [ ] No If yes, where: _____		<input type="checkbox"/> NFPA 750 Automatic Mist System <input type="checkbox"/> NFPA 13 Automatic Sprinkler System <input type="checkbox"/> NFPA 12 Carbon Dioxide <input type="checkbox"/> NFPA 17 Dry Chemical	<input type="checkbox"/> NFPA 16 Foam Water Sprinkler System <input type="checkbox"/> NFPA 17A Wet Chemical <input type="checkbox"/> UL 710B & Custom Factory Built Systems Section Not Otherwise Listed Above 304.1 of IBC
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<b>Type of Alternative System:</b> Hazard: _____ <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> NFPA 2010 Aerosol Fire Extinguisher  <input type="checkbox"/> NFPA 750 Automatic Water Mist System  <input type="checkbox"/> NFPA 12 Carbon Dioxide  <input type="checkbox"/> NFPA 2001 Clean Agent                 </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> NFPA 17 Dry Chemical  <input type="checkbox"/> NFPA 12A Halon  <input type="checkbox"/> NFPA 17A Wet Chemical  <input type="checkbox"/> NFPA 11 Foam System                      &amp; 16                 </td> </tr> </table> Monitored: [ ] Yes [ ] No If yes, where: _____		<input type="checkbox"/> NFPA 2010 Aerosol Fire Extinguisher <input type="checkbox"/> NFPA 750 Automatic Water Mist System <input type="checkbox"/> NFPA 12 Carbon Dioxide <input type="checkbox"/> NFPA 2001 Clean Agent	<input type="checkbox"/> NFPA 17 Dry Chemical <input type="checkbox"/> NFPA 12A Halon <input type="checkbox"/> NFPA 17A Wet Chemical <input type="checkbox"/> NFPA 11 Foam System & 16
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**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: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<b>PERMIT #</b>	<b>*TOTAL FEE</b>	<b>CASH</b>	<b>CHECK #</b>