

**ALTERNATIVE AUTOMATIC FIRE EXTINGUISHING SYSTEMS PERMIT APPLICATION**



**CITY OF MOORHEAD  
FIRE PREVENTION DIVISION  
402 21st Street South Moorhead, MN 56560  
(218) 299-5493 / jamie.garvey@moorheadmn.gov**



<b>[ ] PLAN INCLUDED</b>	
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: \_\_\_\_\_

<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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Monitored:    [ ] Yes      [ ] No  
If yes, where: \_\_\_\_\_

**Type of Alternative System:**

Hazard: \_\_\_\_\_

<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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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: \_\_\_\_\_

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