

SPRINKLER SYSTEM APPLICATION

590 40th Avenue NE, Columbia Heights, MN 55421 • PH: 763-706-3670 • www.columbiaheightsmn.gov

**COMMUNITY
DEVELOPMENT**

DATE RECEIVED: _____

APPLICANT	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	Email: _____
SITE ADDRESS	_____		
PROPERTY OWNER / TENANT	Name: _____		Phone: _____
	Address: _____		
	City: _____		State: _____ Zip: _____
CONTRACTOR Note: Please submit a copy of your state license with this application	Name: _____		Phone: _____
	Address: _____		
	City: _____		State: _____ Zip: _____
	State License #: _____		Expiration Date: _____
PROPERTY TYPE	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial <input type="checkbox"/> Institutional
TYPE OF WORK	<input type="checkbox"/> Addition	<input type="checkbox"/> Maintenance Repair	<input type="checkbox"/> New <input type="checkbox"/> Remodel
DESCRIPTION OF WORK	_____		
	Number of Sprinkler Heads: _____	<input type="checkbox"/> Altered	<input type="checkbox"/> Added <input type="checkbox"/> New
	Number of Standpipes: _____	Number of Stories: _____	
VALUATION Labor and Materials	\$ _____	All Fees are Based on the job Valuation. The City of Columbia Heights uses an amended version of the 1997 U.B.C. Fee Schedule.	

THIS IS AN APPLICATION FOR A PERMIT - NOT VALID UNTIL PROCESSED

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Columbia Heights and with the Minnesota Construction Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

PRINT NAME: _____ DATE: _____

SIGNATURE OF APPLICANT: _____

PERMIT FEE:	\$ _____	Based on valuation-- (Call for a Quote) 763-706-3670—Minimum fee of \$35
PLAN REVIEW:	\$ _____	
SURCHARGE:	\$ _____	(0.0005) Times the Job Valuation
CONTRACT LICENSE:	\$ _____	
TOTAL DUE:	\$ _____	Make Checks Payable to the City of Columbia Heights