



# Fire Protection Systems Permit Application and Intake Checklist



Complete All Items

Project Name		Application Date	
Site Address		Parcel ID Number	
Legal Description: Subdivision, Lot & Block or other description			
Applicant Name		Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Owner's Agent	
		Contractor license #:	
Applicant Address		City	State Zip
Applicant Email (REQUIRED)		Applicant Phone (REQUIRED)	
Owner Name			
Owner Address		City	State Zip
Owner Email (REQUIRED)		Owner Phone (REQUIRED)	
Description of proposed work: <input type="checkbox"/> Residential (1 or 2 Family or Townhouse) <input type="checkbox"/> Multi-family Residential <input type="checkbox"/> Commercial			
Check Applicable: <input type="checkbox"/> Interior Remodel w/ Change of Use <input type="checkbox"/> Interior Remodel No Change of Use			
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> System Upgrade <input type="checkbox"/> Other <input type="checkbox"/> High Piled Storage			
Fire Protection System Being Worked On: <input type="checkbox"/> Hood Suppression <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Sprinkler Suppression <input type="checkbox"/> Special Suppression			
Currently Present: <input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> Special Locking Arrangements <sup>1</sup> <input type="checkbox"/> Voice Evacuation <input type="checkbox"/> Fire Pump			
Sprinklered? <input type="checkbox"/> No <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13 D			
Project Valuation. <b>Include materials and labor for all work:</b>			
Permit Fee:		Plan Review Fee:	State Surcharge: Total Enclosed:
Design Professional Name			
Design Professional Address		City	State Zip
Design Professional Email (REQUIRED)		Phone (REQUIRED)	
Commercial Multi-Family	Occupancy Use Group(s) circle: A B E F H I M R S U		Occupant Load:
	Type(s) of Construction (circle): IA IB IIA IIB IIIA IIIB IV VA VB		State Const. Project # - If applicable
I do hereby make application for a building permit. The application and accompanying documents are Applicant's Signature (REQUIRED) complete and accurate. Work shall be consistent with the plans and information provided with the permit application and shall comply with applicable codes, ordinances and laws and conditions of approval. Work shall not begin until a building permit has been issued.			

<sup>1</sup>Special locking arrangements include access control doors, delayed egress locks, and elevator lobby exit access door assemblies

Office Use  
LUTech:

Corresponding Permit No's  
For Hood Suppression Permits:  
For Sprinkler Suppression Permits:  
For Fire Alarm System Permits:

**BHVAC** \_\_\_\_\_  
**BPLUMB** \_\_\_\_\_  
**BELEC** \_\_\_\_\_

# Intake Checklist

Applicant Checklist	Required Items	Sprinkler	Fire Alarm	Hood	Verified	<i>Staff Use Only</i>
						Notes
<b>APPLICATIONS / FORMS / DOCUMENTATION</b>						
	Fire Protection Systems Permit Application	X	X	X		
	Copy of contractor's current Low Voltage or Unlimited License		X			
	Copy of sprinklers license	X				
	Cut sheets	X		X		
	HVAC, Electrical and Plumbing work requires separate permits.	X	X	X		
<b>PLANS - 1 digital set only, legible and drawn to scale - see reverse for required details to be provided</b>						
	Plans (submit as a separate file)	X	X	X		

More information can be found on [www.duluthmn.gov/fire/](http://www.duluthmn.gov/fire/) Fire Protection Systems Permit and Plan Review  
 Send digital plans to [permittingservices@duluthmn.gov](mailto:permittingservices@duluthmn.gov)

