



**City of Rochester**  
**Fire Department**  
 201 4 ST SE Suite 10  
 Rochester MN 55904  
 Phone: (507) 328-2800  
 Fax: (507) 328-2829

**FIRE PROTECTION EQUIP.**

**Permit Application**

Office Use Only	(8/03)
App. No. _____	

Date \_\_\_\_\_ Tenant/Building Name \_\_\_\_\_

Site Address \_\_\_\_\_ BIN# \_\_\_\_\_

Number Street

City State Zip

Applicant is:  Owner  Contractor  Other(describe) \_\_\_\_\_

<b>Owner</b>	Name _____ Phone (____) _____
	Last First MI
	Address _____
City _____ State _____ Zip Code _____	

<b>Contractor</b>	Company _____ Phone (____) _____
	Name _____ Roch. Contr. No. _____
	Last First MI
	Address _____ State Contr. No. _____
City _____ State _____ Zip Code _____	

<b>Architect/ Designer</b>	Company _____ Phone (____) _____
	Name _____ Registration No. _____
	Last First MI (State of MN)
	Address _____
City _____ State _____ Zip Code _____	

*Fill in the appropriate blanks and boxes in the tables below.*

Estimated Completion Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FIRE PERMIT TYPE**

<input type="checkbox"/> Auto Ext. System	<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Standpipe System	<input type="checkbox"/> Other
<input type="checkbox"/> F/C Liquid Tank	<input type="checkbox"/> Fire Pump	<input type="checkbox"/> Fire Alarm System	_____

**WORK TYPE (Building)**

<input type="checkbox"/> New	<input type="checkbox"/> Remodel	<input type="checkbox"/> Move
<input type="checkbox"/> Addition	Repair	<input type="checkbox"/> Remove
Alterations	Tenant Finish	Other _____

**DESCRIPTION OF WORK**

Residential  Commercial/Industrial  Institution  School  Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE**

