



City of Gem Lake
 Heritage Hall
 4200 Otter Lake Road | Gem Lake, MN 55110
 651-747-2790/92 | 651-747-2795 (fax)
 E-mail city@gemlakemn.org

Automatic Fire Suppression / Fire Alarm Permit Application

Choose: Owner Contractor

Property Information

Property Owner: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____

Contractor Information

Contractor: _____
 State License #: _____ Lead Certification #: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Business Phone: _____
 Cell Phone: _____ Email: _____

Property Type

Commercial Public/Institutional Single-Family Home Two-Family Home Townhouse Accessory Structure

Construction Type

New Remodel/Alteration Repair Replace

Project Details

Dry Sprinkler System – Number of Heads: _____ Storage Tank Install – Size of Tank(s): _____
 Wet Sprinkler System – Number of Heads: _____ Storage Tank Removal – Size of Tank(s): _____
 Fire Alarm System Chemical / Ansul System

Estimated Valuation of Work: \$ _____

Description: _____

I hereby apply for an automatic fire suppression fire alarm permit and acknowledge: the information above is complete and accurate; the work will be in conformance with the ordinances of the City of Gem Lake and Minnesota State Building Code; I understand this is not a permit but only an application for permit; work is not to start without permit; work will be in accordance with the Approved Plan when City plan approval is required. Separate permits are required for electrical, plumbing, mechanical, fire suppression, fire alarm systems, sewer and water. This application and any issued permit may become null and void if permit is not issued or work is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days. I hereby certify that I have read and examined this application. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Applicant Signature: _____ Date: _____

Office Use Only

Required Inspections

Permit No. _____

<input type="checkbox"/> Conductivity	<input type="checkbox"/> Flow Test	<input type="checkbox"/> Hood System	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Rough-In
<input type="checkbox"/> Final	<input type="checkbox"/> Flush	<input type="checkbox"/> Hydrostatic	<input type="checkbox"/> Pre-Removal	<input type="checkbox"/> Tamp / Valve
<input type="checkbox"/> Fire Pump	<input type="checkbox"/> Head Locations	<input type="checkbox"/> Pipe / Nozzle	<input type="checkbox"/> Post-Removal	<input type="checkbox"/> Trip Test

Permit Approved by: _____ Date: _____

Final Approval: _____ Date: _____

Permit Price: _____ Card Processing Fee: _____ Permit Total: _____