



Fire Permit Application

Brooklyn Park Fire Department | 5700 85th Ave N | Fire: (763) 493-8020 | Fax: (763) 315-8499 | www.BrooklynPark.org

Date: _____ Permit #: _____

SITE ADDRESS: _____

Tenant/Building Name: _____

Applicant Information

Owner _____ Contractor _____ Designer/Architect _____ Tenant _____

CONTRACTOR OR DESIGNER/ARCHITECT

Company: _____ Phone: _____

Contact Person (print): _____ Phone: _____

Contractor/Licensed Electrician Registration License #: _____ Expiration Date: _____

Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

PROPERTY OWNER

Name/Company: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

Fire Permit Type

- | | |
|--|---|
| <input type="checkbox"/> Fire Suppression/Sprinkler System | <input type="checkbox"/> Fire Alarm System |
| <input type="checkbox"/> Flammable/Combustible Liquid Storage Tank | <input type="checkbox"/> Fuel Dispensing System |
| <input type="checkbox"/> Tent/Canopy | <input type="checkbox"/> Gas Cylinder |

Work Type

- | | | |
|---|------------------------------------|---------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Remodel | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Tank Removal | <input type="checkbox"/> Temporary | |

Building Use (Occupancy)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Business | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Factory | <input type="checkbox"/> Hazardous | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Tent/Canopy | <input type="checkbox"/> Residential | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Miscellaneous | | |

Description of Project: _____

Estimate Value of Work: \$ _____

