



# FIRE SUPPRESSION/ALARM - COMMERCIAL PERMIT APPLICATION

Please return application and plans as needed with the property address in the subject line to [permits@daytonmn.gov](mailto:permits@daytonmn.gov)

APPLICANT IS:		OWNER	CONTRACTOR
SITE ADDRESS:		SUITE #:	
CITY:	STATE:	ZIP:	
SITE BUSINESS NAME:			
JOB DESCRIPTION:			
VALUATION OF WORK:			

<b>OWNER</b>	
OWNER NAME:	
OWNER ADDRESS:	
OWNER CITY, STATE, ZIP:	
OWNER EMAIL:	
OWNER PHONE:	

<b>CONTRACTOR</b>	
CONTRACTOR NAME:	LICENSE:
CONTRACTOR ADDRESS:	
CONTRACTOR CITY, STATE, ZIP:	
CONTRACTOR EMAIL:	
CONTRACTOR PHONE:	

TYPE OF WORK	NEW	ADDITION	ALTER/REMODEL
	REPAIR	REPLACE	DEMOLITION

<b>FIRE ITEMS-</b> Fill in the quantity per item	DRY SYSTEM	NEW SPRINKLER HEADS
	WET SYSTEM	RELOCATED SPRINKLER HEADS
	PREACTION SYSTEM	SPARE SPRINKLER HEADS & WRENCH
	DELUGE SYSTEM	UNDERGROUND FUEL TANK
	COMPRESSED GASES	ABOVE GROUND FUEL TANK
	FIRE PUMPS & RELATED EQUIPMENT	

THE UNDERSIGNED HEREBY AGREES THAT, IN CASE SUCH PERMIT IS GRANTED, THAT  
ALL WORK WHICH SHALL BE DONE AND ALL MATERIALS WHICH SHALL BE USED SHALL  
COMPLY WITH THE PLANS AND SPECIFICATIONS HERewith SUBMITTED AND WITH ALL  
THE ORDINANCES OF SAID CITY OF DAYTON APPLICABLE HERETO.

NAME OF APPLICANT (please print)

APPLICANT SIGNATURE

DATE

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**OFFICE USE ONLY**

ADDITIONAL FEES:

**SYSTEM TYPE:**

NEW  
ADDITION  
REPAIR  
DEMOLISH  
REPLACE  
ALTER/REMODEL

**INSPECTIONS:**

ROUGH-IN  
AIR TEST  
HYDRO-STATIC TEST  
FLOW TEST  
TANK / PIPING REMOVAL  
FIRE PUMP TEST  
MAIN DRAIN TEST  
TRIP TEST

FINAL **NOTE: Schedule final inspection with  
both the Building Inspector and the  
Fire Department**

**REQUIRED APPROVAL**

FIRE MARSHAL:

DATE:

BUILDING INSPECTOR:

DATE:

COMMENTS: