



City of Stillwater
Stillwater Fire Department
250 Maryknoll Drive North
Phone: 651-351-4963
Email: SFDpermits@stillwatermn.gov

Fire Protection System Inspection Review/Fee Application

Business Information

Business Name: _____ Date of Application: _____

Street Address _____

City: _____ County: _____ Zip Code: _____

Value (V): _____ Permit Fee ($V \times .012$): _____ Total: _____ (Minimum \$100.00)

Approximate Start Date (month/year) _____

Approximate Completion Date (month/year) _____

Contractor Information

Sprinkler Contractor: _____ License No: _____

Address: _____

City: _____ State: _____ Zip: _____

Designer: _____ Phone: _____ Fax: _____

Building Information

Occupancy Classification _____ Construction Classification _____

Square footage _____ No. Levels w/ basement _____ Approx. No. of Heads: _____

Briefly describe business use: _____

Sprinkler Design

Work to be completed: _____

Type of system to be installed: 13 _____ 13R _____ 13D _____ Other
(specify) _____

Water Supply

Public Main _____ Tank/Reservoir _____ Fire Pump _____

Type of system: Wet _____ Dry _____ Pre-action _____ Deluge _____

Additional Notes: _____

Signed: _____

Printed Name: _____

Email Address: _____

When submitting permit for review and inspection the following must be attached:

1 set of Plans

1 set of Material Data

1 set of Calculations