



BUILDING DEPARTMENT  
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FOR OFFICE USE ONLY		
PAYMENT RECEIVED IN FORM OF		
<input type="checkbox"/> CHECK (# )	<input type="checkbox"/> CASH	<input type="checkbox"/> CC (# )
		<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Disc.
PERMIT NUMBER:		

## FIRE SPRINKLER / ALARM PERMIT APPLICATION

JOB INFORMATION	
Job Address:	
Description of work to be done:	
Residential Sprinkler System: <input type="checkbox"/> NFPA 13D <input type="checkbox"/> IRC P2904	No. of sprinkler heads to be installed or altered:
Plan review done by the State Fire Marshal Office: <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT INFORMATION		
Applicant:		
Day Phone:	Cell Phone:	
Address:		
City:	State:	Zip:

SIGNATURE	
Applicant Signature:	Date:

FIRE SPRINKLER SYSTEM	
Fee = \$100 - first 10 heads + \$6.00 ea add'l group of 10)	
Permit	\$
Heads	\$
Fire Surcharge	\$18.00
State Surcharge	\$1.00
TOTAL	\$

ALARM/CHEMICAL SYSTEM	
(Fee = 1.5% of contract price/min \$40.00 if less than)	
Valuation	\$
1.5% Contract Price	\$
Fire Surcharge	\$18.00
State Surcharge	\$1.00
TOTAL	\$

APPROVALS	
Bldg Dept.	Date