



City of Chaska Application for Fire Protection Equipment Permit

Today's Date: _____

Permit Number: _____

1. Lot: _____ Block: _____ Addition: _____ P.I.D.: _____

Site Address: _____

2. Owner: _____
(Name)

(Address) (City) (State) (Zip) (Phone)

3. Contractor: _____
(Name)

(Address) (City) (State) (Zip) (Phone)

4. Class of Work: New Addition Alteration Repair

5. Describe Work: _____

6. Declared Value: _____ 7. Starting Date: _____

8. Materials Filed with Application:

Plan Review Information Sheet: (for sprinkler system only) Three sets of Plans: Three sets of Hydraulic Calculations:

9. Special Conditions: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. I further certify that I am the owner or authorized agent of the owner of the above property and that all construction will conform to existing State laws, local ordinances, and approved plans. Further, I hereby agree that the Chaska Zoning Administrator or his/her designated representative may enter upon my property to investigate this request.

SIGNATURE: _____ DATED: _____

of: Contractor, Authorized Agent, Owner, or Builder

CONTRACTOR'S LICENSE NUMBER: _____

For City of Chaska Use Only

PERMIT FEE SCHEDULE:

Permit Fee.....\$ _____

Plan Checking Fee.....\$ _____

TOTAL PERMIT FEE.....\$ _____

Plans Checked By:

(Initials)

(Date)

Approved for Issuance By:

(Initials)

(Date)

Paid by: <input type="checkbox"/> Check <input type="checkbox"/> Cash Accepted by: _____ Date: _____
