City of Duluth
Construction Services & Inspections Division
411 West First Street • Room 210 • Duluth, Minnesota • 55802-1194
218-730-5300 • Fax: 218-730-5901 • www.duluthmn.gov/onestop/
An Equal Opportunity Employer

BFSUP_____

Parcel ID _____

LUT _____

FIRE SUPPRESSION PERMIT APPLICATION

Site Address: **Application Date:**

Applicant:

Applicant Address:

Applicant Phone: **Applicant Email:**

Installer: **Installer Phone:**

Installer Address: **Installer Email:**

Owner: **Owner Phone:**

Description of Proposed Work Authorized by Permit:

I do hereby make application for a permit. Application and accompanying documents are complete and accurate. Work will be consistent with the plans and information provided with the permit application and shall comply with applicable codes, ordinances and laws and conditions of approval. Work will not begin until a permit has been issue by this office .

Applicant Signature Date

Project Valuation:
Permit Fee:
Investigation Fee:
Plan Review Fee:
State Surcharge:
TOTAL FEES: