



Department of Building Safety

101 4th St E, Hastings, MN 55033

Phone: 651-480-2342

Email: Building@Hastingsmn.gov
www.hastingsmn.gov

Fire Protection

This handout is a compilation of some of the standard requirements based on the State Building Code and City Ordinance for projects of this type. This information packet does not contain all the specific codes for construction and should only be used as a guide. The permittee is responsible for meeting all code requirements applicable to each project.

Submittals:

- ☐ Fire Protection Permit Application
- ☐ Fire Extinguishing System (as applicable):
 - Fire Extinguishing System Worksheet
 - Hydraulic Calculations/Data/Plans
 - Site plan showing Fire Dept. connection location and access route
- ☐ Fire Alarm (as applicable):
 - Fire Alarm Worksheet
 - Construction documents
 - Site plan showing location of exterior audio/visual alarm devices
 - Floor plan showing alarm control and trouble signaling equipment location
 - Manufacturers, model numbers, and listing information for equipment, devices, and materials.

Typical Inspections:

Contractor must be onsite to provide access for inspections.

- ☐ Rough-In
- ☐ Final

Contact Fire Marshal for Inspections

Al Storlie
(651) 480-6155
astorlie@hastingsmn.gov

**Department of Building Safety**101 4th St E, Hastings, MN 55033

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SITE ADDRESS: _____

PID#: _____

Owner Name: _____

Phone: _____

Street Address: _____

Email: _____

City: _____ State: _____ Zip: _____

Description of Project: _____ **Valuation:** \$ _____**Type of Work:**☐ Addition☐ Exchange☐ Repair☐ Alteration☐ New Construction☐ ReplacementFire Extinguishing System☐ Wet Pipe☐ Dry Pipe☐ NFPA 13☐ NFPA 13R☐ NFPA 13D☐ Exhaust Hood Suppression SystemFire Alarm☐ Non-

Residential

☐ Residential**Fire Protection Contractor**

Company: _____ Phone: _____

Contact Name: _____

License #: _____ Exp Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

The undersigned acknowledges that he/she has read this application, and the above information is correct and accurate. The applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of Hastings.

Signature of Applicant or Authorized Agent_____
Date

NOTICE: This is an **application only**. Permit will be issued after City approval and payment of fees. Permit shall be null and void if authorized work is not started within 180 days or work is suspended for 180 days or more.



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OFFICE USE ONLY

Bldg Type	<input type="checkbox"/> SFD	<input type="checkbox"/> Muti-Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
Required Inspections	<input type="checkbox"/> Rough-In <input type="checkbox"/> Final			
Fee Notes		<input type="checkbox"/> Other _____ _____ _____		

Building Approval: _____ Date: _____

Fire Marshal Approval: _____ Date: _____