



Edina Fire Department
 6250 Tracy Avenue
 Edina, Minnesota 55436-2580
 (952) 826-0330
 Fax (952) 826-0393

City of Edina



FIRE - COMMERCIAL KITCHEN EXHAUST HOOD & DUCT CLEANING PERMIT APPLICATION

PERMIT # _____

NOTE: Please print or type, sign and return this permit application along with a check payable to "City of Edina" to the Edina Fire Department.

SITE ADDRESS _____ SUITE/UNIT # _____

NAME OF JOB SITE _____

SITE CONTACT NAME _____ PHONE _____

CONTRACTOR NAME _____

CONTRACTOR ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIPCODE _____ FAX _____

CLEANING SCHEDULE: Start Time _____ am or pm Date _____

Estimated Time of Completion _____ am or pm Date _____

*If job site has multiple hoods, please list those to be cleaned: _____

PLEASE READ AND UNDERSTAND THE FOLLOWING STATEMENTS, THEY ARE PART OF YOUR AGREEMENT WITH THE CITY OF EDINA.

Permit Application and fee of **\$85.00**, payable to the City of Edina, shall be submitted to the Edina Fire Prevention Bureau five (5) days prior to starting the job. If less than the required five (5) days is necessary, arrangements shall be made via telephone to the Prevention Bureau at 952-826-0378. Please follow up the phone call by faxing the application to get it scheduled at 952- 826-0393. Cleanings without a permit shall be charged an additional \$85.00.

The Permit Application and fee shall be mailed to Edina Fire Prevention Bureau

When the cleaning has been **nearly completed**, call the Edina Fire Department at **952-826-0330** for an inspection. Personnel from the fire department will respond to conduct an **inspection** of the cleaning area. Cleaning Crews should have all their work completed. **All Access Panels shall be open for inspection.**

Emergency calls take priority over inspections and may delay or interrupt the inspection.

Contractor's Signature _____ Date _____

Contractors Printed Name _____

Received by _____
 Revision 3/01, 1/05, 1/07, 7/07, 2/09

Date _____

Permit issued _____