

City of Alexandria Fire Service Features for Buildings

Fire Apparatus Access Roads – 150’ of all portions of building
(City code requirements)
20’ minimum width, 13’ 6” minimum vertical
All weather surfaces
Dead-end turn-a-rounds to meet Highway Standards

Access to Building Openings and Roofs – Not blocked

Premises Identification – Address numbers (minimum 4” height)

Key Boxes – KNOX Box (contact Alexandria Fire Marshal)

Hazards to Fire Fighters – Proper markings of shafts & stairways

Fire Protection Water Supplies – Water supply test

Private Service mains – 6” minimum

- Install to NFPA 24
- Flush & Hydro Test water line (150 psi / 2hrs)
- Hydrant locations

Fire Protection Systems – Automatic Fire Sprinklers (where required)

- Install to NFPA 13 (annual test / inspections)
- Fire Panel w/Monitoring
- Freeze Up Prevention
- Fire Extinguisher Installation Per Code

AFD Fire Suppression/Detection Permit Application [Required as of 01/01/2014]
(See attached form)

Hazardous materials usage & storage to meet current codes

ALL ABOVE ITEMS TO BE INSPECTED BEFORE OCCUPANCY

Detailed information on current fire codes available at fire department
Contact Alexandria Fire Chief at 320-763-6488 or 320-808-3590



ALEXANDRIA FIRE DEPARTMENT

302 FILLMORE STREET
ALEXANDRIA, MN 56308
Phone: 320-763-6488



- Commercial Industrial Institutional Public Facility Multi-Family

FIRE SUPPRESSION/PROTECTION SYSTEM PERMIT APPLICATION

Date _____ Permit Number _____ **\$150 Fee** Rec'd _____

Building Address _____

Owner's Name _____

Address _____

Phone # _____

Contractor's Name _____

Address _____

Phone # _____ State License # _____

Contractor's email _____

Type of Work (check one): New Addition Repair Alteration

System Valuation

Total Fire Suppression/Protection System Contract Amount _____

A Set of approved plans by the MN State Fire Marshal, and SFM documentation approval are required.

This permit does not relieve the contractor from compliance with appropriate Federal, State or Local regulations concerning this installation. The contractor certifies that the above information is correct.

Applicant Signature _____

Fire Chief Signature _____

**Please make check payable to:
City of Alexandria 704 Broadway Street, Alexandria, MN 56308**