CEDAR RAPIDS FIRE DEPARTMENT
Fire Marshal’s Office
APPLICATION INSTRUCTIONS FOR A PERMIT
REGULATED BY THE CEDAR RAPIDS FIRE CODE

Applications for permits shall be submitted to the Cedar Rapids Fire Marshal’s Office via E-mail at m.knock@cedar-rapids.org or s.dunham@cedar-rapids.org or US Mail at 713 1st Ave SE, Cedar Rapids IA 52401.

A permit applicant may be required to submit the following information for a complete permit application: a completed permit application, a site diagram, installation plans, MSDS sheets (if applicable), equipment data sheets, and permit application fee. If it is deemed necessary, further information may be required by the Cedar Rapids Fire Marshal’s Office before a permit application is accepted for review.

The Cedar Rapids Fire Marshal’s Office may take up to 10 days to review the application for compliance with the Cedar Rapids Fire Code (CRFC). Once it is determined that the application meets these requirements, a permit will be issued for installation per approved plans. Any changes to the approved plans shall be submitted in writing via a drawing or electronically and approved by the Cedar Rapids Fire Marshal’s Office PRIOR to implementing the change.

If the permit is an installation process, then various inspections may be needed to ensure compliance with CRFC and permit application requirements. You must schedule these inspections with the Fire Marshal’s Office a minimum of 48 hours in advance. Final approval from CRFD Fire Marshal’s Office is required prior to use. If an operation is found to be in use without approval from the Cedar Rapids Fire Marshal’s Office, a citation may be issued.

If you need any further information or assistance, or have any questions, please call the Cedar Rapids Fire Marshal’s Office at (319) 286-5166.

INSTRUCTIONS:
1. Complete Page 2 for all permits, temporary or permanent.
   - Permit Guide Sheets, with Fire Code sections referenced, are available for many of the permit categories. Check our website, or request guides from the Fire Marshal’s Office at 319-286-5166.

2. Enclose a check payable to the Cedar Rapids City Treasurer with your application.

3. Include a site diagram, and if applicable, installation plan, MSDS sheets, equipment specification sheets, and other required supporting documents.

4. Be sure to call 48 hours in advance for a final approval at the completion of the project.
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Compressed Gas System

INSTRUCTIONS:
Complete this page of the application and submit to the Cedar Rapids Fire Marshal’s Office. “Permit Guides” include some Code information specific to many permit operations and are found on the Fire Marshal’s Office Fire Code Permits page of our website at www.cedar-rapids.org/fire.

NOTE: The “Permit Guides” do not include all codes that apply to your individual project. Refer to the appropriate Chapter of the 2015 IFC (International Fire Code) and any local amendments for additional code requirements.

Permit Site Business Name __________________________________________

Permit Site Address __________________________________________

Permit Conditions
A permit shall be obtained from the Cedar Rapids Fire Marshal’s Office prior to installing any operation or system requiring a Permit (see the International Fire Code 2015 Section 105).

Application for Permit

• The permit applicant shall provide a legible site diagram listing the site business name, address, including system locations. Where applicable, please provide any information sheets regarding listing, approvals, electrical, mechanical, and any applicable other supporting documentation required for a Permit.

• The required fee must be included when the application is submitted.

Number of Cylinders_________Class of Cylinder_________Total Fee $90.00

The undersigned representative agrees to adhere to the Cedar Rapids Fire Code and all applicable Federal, State, and other local regulations

Contractor Company ___________________________ Address______________________________

Contact Name & Signature_______________________________ Phone ______________________

Party Responsible for Billing (if other than above)

Name__________________________________ Address _____________________________

FOR OFFICE USE ONLY!

Final Approval Official’s Name ___________________________ Date_________________________

01/2019