



INVER GROVE HEIGHTS FIRE DEPARTMENT
FIRE AND LIFE SAFETY DIVISION

**COMMERCIAL HOOD AND VENTILATION CLEANING
PERMIT APPLICATION**

DATE OF APPLICATION: _____

RECEIPT NUMBER: _____

PERMIT FEE: _____ **\$80.00** _____

RECEIPT CODE: _____ **FOP** _____

The applicant does hereby apply for a commercial hood and ventilation cleaning permit to clean the kitchen systems at the location listed below. The applicant, by submitting this application, acknowledges that an inspection by Inver Grove Heights Fire personnel must be completed and approved before the permit can be closed. Inspection will be completed the following day (Monday if cleaning occurs on a weekend). The contractor will be notified of any deficiencies. Failure to email for the inspection may result in penalties, to include the withholding of any future permits.

PERMIT MUST BE PAID BEFORE ANY CLEANING IS DONE

RESTAURANT TO BE CLEANED:

CONTRACTOR:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

LICENSE #: _____

E-MAIL: _____

WORK SCHEDULE:

START: DATE: _____ TIME: _____

FINISH: DATE: _____ TIME: _____

APPLICANT'S SIGNATURE: _____

FOR INSPECTION:

When cleaning is completed, email fireprevention@ighmn.gov with the following information:

- Your Company Name
- Your name
- Business Name and Address or location where work was done
- Photos of duct work above hood screens and from hood fan down

Inspection will be completed the following day (Monday if cleaning occurs on a weekend).