



INVER GROVE HEIGHTS FIRE DEPARTMENT  
FIRE AND LIFE SAFETY DIVISION

**COMMERCIAL HOOD AND VENTILATION CLEANING  
PERMIT APPLICATION**

DATE OF APPLICATION: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

PERMIT FEE: \_\_\_\_\_ **\$75.00** \_\_\_\_\_

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 weekdays between 9 am & 11 am and between 2 pm & 4 pm. 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 INSPECTIONS CAN BE 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: \_\_\_\_\_

**CALL FOR INSPECTION:**

When cleaning is completed, email [mchiodo@ighmn.gov](mailto:mchiodo@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

An inspector will be assigned to complete the inspection on a weekday between 9 am & 11 am or between 2 pm & 4 pm.