



PO Box 477  
 112 W. Spruce St.  
 Abbotsford, WI 54405  
 (715) 223-6458 - Fax (715) 223-3917



## Fire Sprinkler/Alarm Plan Review Application

Project Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Has installation of the fire protection system already been started \_\_\_ Yes \_\_\_ No

Occupancy Type:

- Hotel/Motel (Group R-1)      K-12 School (Group E)      CBRF (Group I-1)
- Detention Facility (Group I-3) Atriums located in any type of occupancy (\*See definition on back)
- High-Rise (Buildings exceeding 60 feet in height)
- Mercantile (Group M-Buildings exceeding 50,000 sq. ft. which combine retail and rack storage)
- Other Occupancy Type (Describe)
- Private Fire Service Mains & Fire Hydrants
- State-Owned Buildings (\*See description on back)

Project's Area (Square feet of affected area): \_\_\_\_\_

Amount of fee enclosed: \$ \_\_\_\_\_  
 (See Fee Schedule Table on back of this form)

Scope/Description of Work: \_\_\_\_\_

Less than 21 Sprinklers? \_\_\_ Yes \_\_\_ No

Complete the following designer/owner/requesting information. Utilize the check boxes when designer, owner, or requesting party is the same to avoid repeating information. Customer 1 Box must always be completed. Customer 2 Box must be completed also if the Designer or Requesting Party is not the owner.

Designer Information (Customer 1)			Requesting Party if different than designer (Customer 3)		
First Name	Last Name		First Name	Last Name	
Company Name			Company Name		
Address			Address		
City	State	Zip+4 (9 digits)	City	State	Zip+4 (9 digits)
Phone Number (area code)		Fax or E-mail	Phone Number (area code)		Fax or E-mail
Check others if applicable ( ) Owner ( ) Payer ( ) Requesting Party			Check others if applicable ( ) Owner ( ) Payer ( ) Requesting Party		
Owner Representative Information (Customer 2)			Other Please specify (Customer 4)		
First Name	Last Name		First Name	Last Name	
Company Name			Company Name		
Address			Address		
City	State	Zip+4 (9 digits)	City	State	Zip+4 (9 digits)
Phone Number (area code)		Fax or E-mail	Phone Number (area code)		Fax or E-mail
Check others if applicable ( ) Payer ( ) Other			Check others if applicable ( ) Payer ( ) Other		
Make Check or Money order payable to: Central Fire & EMS District			Reference: Comm Chapter 2, Wis. Adm. Code		

Applicant Signature: \_\_\_\_\_

Application Date: \_\_\_\_\_

**Note: When making your payment, we would prefer a check or money order. (Payable to: Central Fire & EMS District). If paying by cash, the amount must be exact. We cannot make change!**

**Penalty for Failure to obtain a permit before starting work**  
**Shall be double the fees.** This shall be in addition to any other Penalties provided elsewhere in the Ordinance.

**Plan Re-submittal.**

\*A re-submittal fee of \$125 *shall* be assessed for review of fire alarm system plans and fire suppression system plans that have been submitted following denial of plan approval, if the submission is within 8 months of the original denial.

\*A re-submittal fee of \$50 *shall* be assessed for revisions to previously approved plans and plans that have been previously reviewed but not denied.

**Alteration/Modifications to Existing Systems.**

\*a. The fee for review of submittals for an alteration or modification to an existing automatic fire sprinkler of up to 20 sprinklers shall be \$50. For these alterations, provide the description of the type and scope of work along with cut-sheets for any new sprinklers.

\*b. The fee for review of submittals for alteration or modification to other existing fire protection systems of up to 3 devices shall be \$50.

\*c. The fee for review of submittals for existing projects that are larger than that specified in a. and b. shall be the same as specified for a new system.

**Shell Buildings.** When an application is submitted for a property where only the shell of the property has been completed, the fee will be calculated at 50% of the total fee for that particular fee group. When an application is submitted for construction of the interior of a building where the shell of the building has been previously granted a permit, the fees *shall* be based on the square footage of that space as a percentage of the entire square footage of the subject building and that fee *shall* be calculated at 50% of the total fee for that particular fee group.

**Multiple Identical Buildings.** In order to qualify for the multiple identical building fee, plans for all buildings *shall* be submitted at the same time. The fee for the submittal of plans for the first building *shall* be determined in accordance with the above table on the basis of the total gross floor area of one building. The fee for each of the remaining identical buildings *shall* be the higher of either \$125 or 25% of the appropriate fee set forth in the above table.

**Certain Devices Subject to a Single Flat Fee.** The fee for review of plans for the installation of fire protection systems such as digital alarm communicator transmitters (DACT), fire alarm system dialers, kitchen hood extinguishing system, dry chemical extinguishing systems, deluge sprinkler systems which protect openings in fire rated construction, fire detection devices that actuate fire doors/fire shutters which are not part of any fire alarm system, and standpipe systems (not to include combined standpipe systems) *shall* be due if such devices are included as a component in a fire alarm or fire suppression systems plan which has been submitted with proper fees to the Chief.

**Private Fire Service Mains and Fire Hydrants.** The fee for review of the plans for private fire service mains and fire hydrants *shall* be \$125 for each system submitted.

**\*\*State-Owned Buildings:**

- Plans must be submitted to the Department of Commerce. (201 W. Washington Ave; Madison, WI 53703; (608) 266-3151; [www.commerce.state.wi.us](http://www.commerce.state.wi.us))
- All state-owned buildings are subject to inspection fees which are 50% of the fee specified in the table.
- Atrium means a floor opening or series of floor openings through 2 or more floor levels, but not including a mezzanine or balcony, that is covered at the top of the series of openings and is used for purposes other than an enclosed stairway, elevator hoistway, or utility shaft used for plumbing, electrical, air conditioning, or communication facilities.

Plan Review Fee Schedule		
Area (Sq.-Ft.)	Fire Alarm	Fire Suppression
2,500 or Less	\$125	\$125
2,501 – 5,000	\$150	\$150
5,001 – 10,000	\$300	\$300
10,001 – 20,000	\$600	\$600
20,001 – 30,000	\$900	\$900
30,001 – 40,000	\$1,200	\$1,200
40,001 – 50,000	\$1,500	\$1,500
50,001 – 75,000	\$1,800	\$1,800
75,001 – 100,000	\$2,100	\$2,100
100,001 – 200,000	\$2,400	\$2,400
200,001 – 300,000	\$2,700	\$2,700
300,001 – 400,000	\$3,000	\$3,000
400,001 – 500,000	\$3,300	\$3,300
Over 500,000	\$3,600	\$3,600



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## Fire Sprinkler/Alarm Permit Application

Project Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Has installation of the fire protection system already been started \_\_\_ Yes \_\_\_ No

Occupancy Type: Group A \_\_\_ Group B \_\_\_ Group E \_\_\_ Group F \_\_\_ Group H \_\_\_ Group I \_\_\_

Group M \_\_\_ Group R 1 \_\_\_ Group R 2 \_\_\_ Group S \_\_\_ Group U \_\_\_

Total Square feet of project area \_\_\_\_\_ Fee enclosed \_\_\_\_\_ (see back of form)

*Note: Fees double if work permit is not obtained prior to starting work on the system.*

Scope of work/project description: \_\_\_\_\_

Type of submittal: New System \_\_\_ Alteration \_\_\_ Demolition \_\_\_ Repair less than 21 sprinklers \_\_\_

Type of system: Sprinkler \_\_\_ Fire Alarm \_\_\_ Wet Chemical \_\_\_ Smoke Alarm(s) \_\_\_

### Applicant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax or e-mail: \_\_\_\_\_

### Owner Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax or e-mail: \_\_\_\_\_

**Designer Information:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax or e-mail:** \_\_\_\_\_

**License or Credential Number:** \_\_\_\_\_

<b>AREA (Sq-Ft.)</b>	<b>Fire Alarm</b>	<b>Fire Suppression</b>
2,500 or Less	\$50	\$50
2,501-5,000	\$75	\$75
5,001-10,000	\$100	\$100
10,001-20,000	\$150	\$150
20,001-30,000	\$200	\$200
30,001-40,000	\$350	\$350
40,001-50,000	\$500	\$500
50,001-75,000	\$750	\$750
75,001-100,000	\$1,050	\$1,050
100,001-200,000	\$1,350	\$1,350
200,001-300,000	\$3,250	\$3,250
300,001-400,000	\$4,750	\$4,750
400,001-500,000	\$6,250	\$6,250
Over 500,000	\$7,000	\$7,000

**Please send 3 copies of your plans to the Central Fire & EMS district PO Box 477 Abbotsford, WI 54405. When making payment we would prefer a check or money order payable to Central Fire & EMS District. If paying by cash the amount must be exact as we cannot make change. Please note that all work shall be performed by licensed or certified individuals working under the supervision of the Design Professional. Proof of certification or licensure may be asked for by the Inspector on the job site.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_