



FIRE SPRINKLER SYSTEMS PERMIT APPLICATION

2828 Allouez Avenue Bellevue, WI 54311 (920-468-5225)

Date _____ Parcel # _____ Permit # _____

Standard Fee \$375 Alteration 20 or Fewer Heads \$25

Permit Fees paid at time of application are **NON-REFUNDABLE**

Note: Standard Sprinkler Plan: Submittals for review need to include four copies of state approved plans, specifications and applicable calculations, WIS SPS 361.31.

Project Name/Tenant _____ Phone # _____

Site Address _____ Unit/Building/Suite # _____

Complex Name _____

Contractor Name _____ Phone # _____

Contact Name _____ Business Address _____

City _____ State _____ Zip _____

State License # _____ Exp. Date _____ Value of Work being completed \$ _____

SCOPE OF WORK

New System(s): Number of Heads _____ Number of Risers/Supplies _____

Fire Pump? Yes No Number of Standpipe Systems _____

Modification to Existing System(s): Number of Risers added _____

Number of heads added, deletion or relocated _____

Both the drawings and specifications must include specific design criteria and hazard classification information. (1) If a fire pump is required, the need for reduced voltage/soft start and emergency/automatic transfer switch must be coordinated with electrical consultant. (2) All power and alarm requirements must be coordinated with electrical consultant. (3) The local Building Department shall be contacted, for additional requirements. The Fire Department connection shall be a 5" Storz fitting in a location acceptable to the Fire Department. Reg. Ob. State Plan Approval # _____

Rough Inspection _____ Final Inspection _____

I understand that all applicable codes apply. Errors and or omissions on the plans and corrections from field inspections are the responsibility of the owner/contractor. All work is subject to the compliance with Village of Bellevue ordinances, Wisconsin SPS 362.0901-0904, IBC Chapter 9 and NFPA Codes/Regulations. Reference Village website www.villageofbellevue.org.

Applicant Name _____ Phone # _____

Applicant Signature _____

Approved By _____ Certification # _____

Comments _____

For Office Use Only:

Amount Paid \$ _____ Date Paid _____ Receipt # _____