



# DEFOREST WINDSOR FIRE & EMS DISTRICT

110 S. STEVENSON STREET, DEFOREST, WI 53532

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WWW.DEFORESTFIRE.COM

## FIRE SUPPRESSION SYSTEM INSTALLATION PERMIT APPLICATION

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

CONTRACTING COMPANY: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

CONTRACTOR CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### APPLICATION IS MADE TO DEFOREST WINDSOR FIRE & EMS TO

- INSTALL NEW SYSTEM
- ADD TO EXISTING SYSTEM (REMODEL)
- ADD TO EXISTING SYSTEM (NEW)
- UPGRADE/REPAIR EXISTING SYSTEM

### APPROVAL OF PLANS AND SYSTEM

Submission of digital copies (*preferred*) or three (3) printed copies of plans and specifications shall be submitted to the Fire Inspector for review. Plans should include the following information:

**PRE-ENGINEERED SYSTEMS:** Submit a specification sheet describing the make, model, and size of the extinguishing system. Also include the location of where the system will be installed, the type of fuel shutoff device to be used, and the hazard that is protected. Technical sheets for equipment used in this system and plan approval letter from The State of Wisconsin (if applicable) must also be submitted.

**ENGINEERED SYSTEMS:** A drawing must be submitted that shows the locations of all devices, piping, and manual operation devices. Technical sheets for equipment used in this system and plan approval letter from The State of Wisconsin (if applicable) must also be submitted

### APPROVAL REQUIRED

System plans **MUST** be conditionally approved or written permission to start work must be obtained from the Fire Inspector prior to any work being performed.

### FEE SCHEDULE

Fire suppression systems (other than sprinkler) - \$150

Fees must be received prior to the permit being approved.

Checks may be made payable to DeForest Windsor Fire & EMS – No credit cards are accepted at this time.

DEPT USE ONLY	
Received: _____	Check#: _____
Notes: _____	
_____	
_____	
Conditionally Approved: _____	Delivered: _____
Fire Inspector Signature: _____	