



# DEFOREST WINDSOR FIRE & EMS DISTRICT

110 S. STEVENSON STREET, DEFOREST, WI 53532

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WWW.DEFORESTWINDSORFIRE.COM

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

1. A copy of the building plan(s) indicating the location of all devices, power supply, panel locations(s), system zones, and any other pertinent information
2. One copy of technical sheets on all fire protection equipment
3. One copy of plan approval letter from the authority having jurisdiction (if applicable)

### APPROVALS REQUIRED BEFORE ANY WORK IS PERFORMED

1. If applicable system plans MUST be conditionally approved by the authority having jurisdiction.
  - **Village of Windsor:** Visit <https://www.windsorwi.gov/inspection> for plan review instructions
  - **All other municipalities:** Plans are reviewed by The State of Wisconsin.
2. A signed permit must be obtained from the Fire Inspector prior to any work being performed.

### FEE SCHEDULE

- New alarm systems or modifications affecting more than 4 devices: \$50+\$.02/sq.ft
- Alarm systems modifications up to 4 devices added or changed: \$100

**\*\*Review the fee schedule for a full list of fees\*\***

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		
Date Received: _____	Amount Received: _____	Check#: _____
Notes: _____		
_____		
_____		
Conditionally Approved: _____	Inspection #: _____	Delivered: _____
Fire Inspector Signature: _____		