



Town of Lisbon Fire Dept.
Fire Prevention Bureau
 W234N8676 Woodside Rd.
 Lisbon, WI 53089
 P: 262-538-3902 | F: 262-538-3906
 Fire Marshal M. Mertens:
 mmertens@townoflisbonwi.com

Alternative Suppression System Permit Application (PF-417)

**(For kitchen hood systems, use form PF-417K)*

Job Address:	Suite:	City:	Zip Code:
Project Description:			
System Designer:	Phone:	E-mail:	
Occupant/Business Name:			
Contractor Performing Work:		E-mail:	
Contractor License #:	Current Certification Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact Person:	Phone:		
Project Square Footage:			
Administrative Fees			TOTAL
<input type="checkbox"/> Work Without Permit – Quadruple Normal Fees <input type="checkbox"/> Re-Inspection Fee (1) - \$150 <input type="checkbox"/> Re-Inspection Fee (>1) - Double Each Additional <input type="checkbox"/> Variance Requests - \$100 Per Code Section			<hr/> <hr/> <hr/> <hr/>
SYSTEM TYPE			
<input type="checkbox"/> Dry Chemical System <input type="checkbox"/> Wet Chemical System* <input type="checkbox"/> Water Mist <input type="checkbox"/> Foam <input type="checkbox"/> Clean Agent <input type="checkbox"/> Other			
Requires:			
<input type="checkbox"/> PLAN REVIEW FEE: \$150 Each <input type="checkbox"/> ACCEPTANCE TEST FEE: \$150 Per Test <input type="checkbox"/> RE-TESTING FEE: Double Normal Fee <input type="checkbox"/> OTHER SUPPRESSION SYSTEMS: \$150 Per Plan			<hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> LFD Construction/Alteration & Occupancy Permit Application (No. PF-117) & (PF-517 as applies) <input type="checkbox"/> Copy of State Conditional Approval Letter <input type="checkbox"/> Copy of State-Approved Plans <input type="checkbox"/> Associated Calcs & Project Sheets <input type="checkbox"/> Payment of Fees (see below) <input type="checkbox"/> Copy of Installer's license or factory training certificate			
<input type="checkbox"/> <i>Check here if plans were submitted electronically</i>			TOTAL DUE \$ <hr/>

Make checks payable to: Lisbon Fire Dept. Attn: Permits

****For LFD Use ****

Payment Method: **Check** **Cash**

ENTERED ____/____/____

Date Payment Received: _____ Date Plans Received: _____

LFD Permit Number: _____ Review/Initial _____ Total Paid to LFD: _____