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

Kitchen Hood & Duct Permit Application
(PF-417K)

☐ New Construction
☐ Alteration/Change to Cook Line
☐ Repair/Replace

Job Address:	Suite:	City:	Zip Code:
Project Description/Scope of Work:			
Occupant/Business Name:			
Contractor Performing Work:		E-mail: *(required)*	
Contractor License #:			
Contact Person:		Phone:	
Project Square Footage:			

Administrative Fees	**TOTAL**
☐ Work Without Permit – Quadruple Normal Fees	_____
☐ Re-Inspection Fee (1) - $150	_____
☐ Re-Inspection Fee (>1) - Double Each Additional	_____
☐ Variance Requests - $100 Per Code Section	_____

REQUIRES:		**FEES**
☐ **PLAN REVIEW FEE:**	$150 per system	$ _____
☐ **ACCEPTANCE TEST FEE:**	$150 per test	_____
☐ **RE-TESTING FEE:**	Double Normal Fee	_____
		_____

☐ Completed Hood & Duct Permit Application (PF-417K)
☐ Plans by qualified designer, stamped/signed
☐ All documentation/drawings & specifications as outlined by NFPA (Ch. 6) 17A and NFPA (Ch. 10.9) 96
☐ Copy of manufacturer or other certifications of designer & supervising professional
☐ LFD Construction/Alteration & Occupancy Permit Application (No. PF-117)

▶ Proposed form of occupant notification: ☐ Connect to fire alarm
☐ Local A/V

▶ Type of suppression agent to be used: _____

▶ Compatible agent type K extinguisher to be installed: _____

▶ Anticipated date of completion: _____

Notice: Conditional approval letters will be sent by e-mail.

A valid e-mail address is required.

☐ ***Check here if plans were submitted electronically.***

TOTAL DUE $ _____

***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: _____