***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*

# Flammable Finishes Applications Permit Application
**(PF-517)**

| | | | |
|---|---|---|---|
| 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: | ☐Yes | ☐No |
| 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 | _____ |

**SYSTEM TYPE**

☐ Spray Booth ☐ Spray Room ☐ Spray Area ☐ Spray Space ☐ Other (Dipping, Coating, etc.)

*Note: The design and construction of spray booths shall be in accordance with IFC Sections 1504.3. 2.1 through 1504.3.2.6, Sections 1504.4 through 1504.8 and NFPA 33.*

**Requires**:
- ☐ LFD Construction/Alteration & Occupancy Permit Application (No. PF-117) & (PF-417)
- ☐ Copy of State and/ or Local building inspection department approval letter
- ☐ Copy of designer stamped approved plans
- ☐ Associated equipment specification sheets
- ☐ Identified MAQ's for space, list of materials to be used/ approved, application methods
- ☐ Hazard evaluation for the building and associated code review for fire rated construction
- ☐ Systems integrations details (fire alarm, suppression system, HVAC, spray gun interconnections etc.)
- ☐ Both plan view and elevation view plans with designated electrical hazard class zone identifications and enclosure construction details.
- ☐ Drying apparatus configurations

**PLAN REVIEW FEES:** $150 per plan. Number of systems_____x $150 = _____

**TESTS:**
**ACCEPTANCE TESTING/INSPECTION:** Number of tests_____x $150 = _____
**RE-TESTING:** Double Normal Fees _____

☐ ***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: _____