



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

Fire Alarm Permit Application

(PF-217)

- Addition/Alteration
- New Construction
- Repair

Job Address:	Suite:	City:	Zip Code:
Project Description/Scope of Work:			
General Contractor:	E-mail:	Phone:	
Occupant/Business Name:			
Contractor Performing Work:	E-mail:		
Contractor License #:			
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	_____

(A) Emergency Repairs/Changes in Monitoring Service Only	TOTAL
Requires:	
<input type="checkbox"/> Communication technologies being implemented: _____ & _____ (i.e. POTS, GSM, etc.)	\$ 150 _____
<input type="checkbox"/> Product information sheets/cut sheets (demonstrate product compatibility)	
<input type="checkbox"/> Battery & voltage drop calculations	
<input type="checkbox"/> UL Certificate for Commercial Fire Central Station Monitoring Service	

(B) Alterations, Additions and New Plan Submittal	TOTAL
Requires:	
<input type="checkbox"/> Copy of State-Approved Plans (Designers stamp <20 devices)	
<input type="checkbox"/> Copy of State Conditional Approval letter (≥ 20 devices)	
<input type="checkbox"/> Plan submittal documents (as outlined on Submittal Requirements Check Sheet)	
<input type="checkbox"/> Payment of Fees (see below)	
<input type="checkbox"/> LFD Construction/Alteration & Occupancy Permit Application (No. PF-117)	
<input type="checkbox"/> Communication technologies being implemented: _____ & _____ (i.e. POTS, GSM, etc.)	_____
<input type="checkbox"/> Bi-directional amplifiers (per NFPA 72 and IFC 510) \$75 min	
NOTE: All system modifications require review and testing from LFD.	
PLAN REVIEW FEES (Minimum \$150):	
<input type="checkbox"/> Fire Alarm & Detection Systems: sq. ft. _____ x \$0.08 =	_____
OR	
<input type="checkbox"/> Audio/Visual Annunciation System: \$200/plan (with Fire Marshal approval only)	_____
<input type="checkbox"/>	_____
TESTS:	
ACCEPTANCE TEST: 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**

Date Payment Received: _____ Date Plans Received: _____

ENTERED ____/____/____

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