



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

Water Based Suppression System Permit Application (PF-317)

- New Construction
- Addition/Alteration
- 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/Code Section			_____ _____ _____ _____
Projects Greater Than 20 Heads			
<input type="checkbox"/> Private Water Systems (Hydrants) <input type="checkbox"/> Standpipe <input type="checkbox"/> Dry System <input type="checkbox"/> Wet System <input type="checkbox"/> Fire Pump <input type="checkbox"/> Anticipated date of completion: _____			
Requires: <input type="checkbox"/> Completed Water-Based Suppression System Permit Application <input type="checkbox"/> Scope of Work Letter <input type="checkbox"/> LFD Construction/Alteration & Occupancy Permit Application (No. PF-117) <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)			
PLAN REVIEW FEES: sq. ft. _____ x \$0.08 = (min. \$150)			
TESTS: HYDRO TEST: Number of tests _____ x \$150 = _____ AIR TEST: Number of tests _____ x \$150 = _____ FIRE PUMP: Number of tests _____ x \$150 = _____ RE-TESTING: Double Normal Fees			_____ _____ _____ _____ \$ _____
<input type="checkbox"/> Check here if plans were submitted electronically.			TOTAL DUE

****For LFD Use ****

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

ENTERED ____/____/____

Date Payment Received: _____ Date Plans Received: _____

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