



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

Hot Work, Demolition & Miscellaneous Permits

(PF-817)

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:			
(A) 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			_____ _____ _____ _____
(B) Hot Work & Demolition			
Hot Work: <input type="checkbox"/> \$75 per operation <input type="checkbox"/> Date of operation _____ Time: From _____ to _____ <input type="checkbox"/> Signature of party responsible for firewatch: _____			_____ _____
Demolition: <input type="checkbox"/> \$150 per operation <input type="checkbox"/> Submit plans <input type="checkbox"/> Process for securing life-safety systems: _____ <input type="checkbox"/> Responsible party / contact information: _____			_____
(C) Miscellaneous Systems Review / Tests / Inspections			
<input checked="" type="checkbox"/> Fireworks Displays		\$150	_____
<input checked="" type="checkbox"/> Indoor/Outdoor Exhibits		\$75 (min)	_____
<input checked="" type="checkbox"/> Temporary Fuel Storage		\$75 per location	_____
<input checked="" type="checkbox"/> Code or Education Plan Consulting & Review		\$75 per hour (2 hour minimum)	_____
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: _____