



VILLAGE OF MENOMONEE FALLS, WISCONSIN

FIRE DEPARTMENT PERMIT APPLICATION

Permit No. _____

Ph 262.532.4281

Fax 262.532.4289

www.menomonee-falls.org

Project Location: _____

Company/Owner's Name: _____

Project Description: _____

Installation Co. Name _____ Installation Co. Mailing Address _____ Phone No. _____

Contact Person _____ City, State, Zip _____ Email _____

FEE SCHEDULE

ITEM	DESCRIPTION	RATE	FEE
1	Hood and Duct Extinguishing Systems		
	a. Acceptance Testing	\$75.00	
	b. Retest	\$75.00	
2	Fire Protection System (State Approved Plan Required for <u>More than 20</u> Sprinkler Heads)		
	a. Acceptance Testing Minimum (1-10 heads)	\$50.00	
	b. Acceptance Testing 11 or more Sprinkling Heads # add'l heads _____ @ .25¢	\$0.25 each	
	c. Retest same as acceptance testing fee		
	d. Hose Valve	\$50.00 each	
3	Private Hydrants		
	a. Acceptance Testing	\$50.00	
4	Fire Alarms (State Approved Plan Required for <u>More than 20</u> Alarm Devices)		
	a. Acceptance Testing Minimum (1–10 total initiating and notification devices)	\$50.00	
	b. Acceptance Testing 11 or more total initiating and notification devices (add per device)	\$2.00 each	
	c. Retest same as acceptance testing fee		
5	Dry Chemical, CO2 or other Extinguishing System		
	a. Acceptance Testing	\$100.00	
	b. Retest same as acceptance testing fee		
6	Fuel Tank Installation or Removal	\$50.00 per Tank	
7	Failure To Obtain Permit Before Starting Work	Double Fee	
Non-Refundable Minimum Permit Fee - \$50.00			PERMIT FEE
			\$

CONDITIONS OF APPROVAL: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit number and address when requesting inspections. Give at least 48 hours notice. The applicant agrees to comply with Municipal Ordinances and with the conditions of this permit, understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector, and certifies that all the above information is accurate.

APPLICANT'S SIGNATURE _____ **DATE** _____

Application Form Will Not Be Returned. Make A Copy For Your Records.