



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: \_\_\_\_\_

Applicant \_\_\_\_\_ Mailing Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Contact Person \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**FEE SCHEDULE**

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

**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.**