



**Fire Protection/Suppression
&
Fire Alarm Plan Review Application**

PART 1: Job Site Information	
Project/Tenant Name:	
Project Location (Building Address):	
Project Description:	
Tax Parcel ID Number:	

Electronic plans must be emailed to Lwaldenstrom@pleasantprairiewi.gov at time of submittal for inspections only.

PART 2: Submittal Items (check all that apply) – Minimum of five (5) sets of each required for each item

<input checked="" type="checkbox"/>	# of Sets	TYPE	<input checked="" type="checkbox"/>	# of Sets	TYPE (Continued)
<input type="checkbox"/>	_____	Sprinkler System Drawings: (stamped) Fire Pump: Yes <input type="checkbox"/> No <input type="checkbox"/> Standpipe: Yes <input type="checkbox"/> No <input type="checkbox"/> Total Number of Sprinkler Heads: _____	<input type="checkbox"/>	_____	Underground Drawings: Total Feet: _____ Total Number of Hydrants: _____
<input type="checkbox"/>	_____	Fire Alarm System Drawings: (stamped) Total Number of Devices: _____	<input type="checkbox"/>	_____	Hydraulic Calculations
<input type="checkbox"/>	_____	Kitchen Hood - Wet System Drawings	<input type="checkbox"/>	_____	Battery Calculations
<input type="checkbox"/>	_____	Kitchen Hood - Mechanical System Drawings	<input type="checkbox"/>	_____	Catalog Cut Sheets
<input type="checkbox"/>	_____	Clean Agent System Drawings	<input type="checkbox"/>	_____	Other: _____
<input type="checkbox"/>	_____	Special Suppression System: Type: _____			

PART 3: Review Type (please check one)

- Initial Review
- Re-Review
- New Review of a Previously Reviewed Area
- As Built

PART 4: Review turn around time (check one) Include payment with submittal

- Regular: up to 21 business days
- Expedited Rush: 10 business days
(Expedited review is double the regular fee)

NOTE: Turn around time starts next business day if received after 11 AM.

PART 5: AUTHORIZATION:

I, the undersigned Fire Protection/Suppression Contractor, have been authorized by the Owner/General Contractor to obtain a plan review and permit to install or modify Fire Protection/Suppression at the above listed address. All work will be done in accordance with all applicable ordinances of the Village of Pleasant Prairie, Wisconsin, regulations of the State of Wisconsin and other Federal, State, or County regulations. I further agree to permit the inspection of the premises by the Village's Fire Inspectors at any reasonable time. I agree that I am responsible for payment of review fees, permit fees and inspection fees as levied by the Village of Pleasant Prairie Fire Department, Ordinance # 180.17
(Please note, the Building Inspection Department may require a Village licensed electrician to obtain a separate commercial electric permit for any electrical work.)

SIGNATURE: _____

DATE: _____

Fire Protection/Suppression Contractor – OR – Fire Alarm Contractor:

Company Name:				WI Certification Type:	
Mailing Address:				WI Certification #:	
				Certification Holder Name (PRINT):	
	City	State	ZIP	Certification Holder Signature:	
Phone:				Contact Name (if different than above):	
Fax:				Contact Signature:	

***TRIPLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE A PERMIT IS ISSUED.
PERMITS ISSUED AND RETURNED TO YOU WITH APPROVED STAMPED PLANS**

Permit fees are required to be submitted with the plan review.

Ordinance 180-17: Fire protection fees are found at:

https://pleasantprairiewi.gov/UserFiles/Servers/Server_6079530/File/Services/Fire%20and%20Rescue/2020%20Village%20Fee%20Schedule%20Fire%20Protection%20Fees.pdf

PART 6: OTHER CONTACT INFORMATION		<i>Project/Tenant Name:</i>	
Property Owner			
Company Name:		Contact Name:	
Address:		Phone:	
City/State/ZIP:		Fax:	
Agent for Property Owner			
Company Name:		Contact Name:	
Address:		Phone:	
City/State/ZIP:		Fax:	
Tenant / Business Owner			
Company Name:		Contact Name:	
Address:		Phone:	
City/State/ZIP:		Fax:	
Agent for Tenant / Business Owner			
Company Name:		Contact Name:	
Address:		Phone:	
City/State/ZIP:		Fax:	
General Contractor (for entire construction project)			
Company Name:		Contact Name:	
Address:		Phone:	
City/State/ZIP:		Fax:	
Other: _____			
Company Name:		Contact Name:	
Address:		Phone:	
City/State/ZIP:		Fax:	