Application/Parmit

Job Site Information

F.P.B.	Application/Permit				
REKED SM S	Fire Sprinkler	Project/Tenant Name:			
HAZMAT KENOSHA, WIS.	Fire Alarm	Project Location:			
City of Kenosha Fire Department Fire Prevention Bureau 2121 Roosevelt Road Kenosha WI 53143 262.653.4110		Work started prior to obtaining a permit shall pay double the fees.			
Submittal It	ems (please check all that apply	y) - Three (3) sets required - One (1) set of Calculat		ent Specifications	
X # of Sets	TYPE				
☐ Spr	inkler System Drawings	☐ Calcul	ations & Equipn	nent Specifications	
_	Alarm System Drawings			•	
☐ Kito	chen Hood – Wet System Drawing	gs			
	·	P	ERMIT FEES		
		Fire Alarm Permit & Plan Review		Plan Review Fee	
Job Site Information & Location:		Fire Suppression Permit & Plan Review	\$100, Plus F	\$100, Plus Plan Review Fee	
Job Site Address:		System Blan Baylow Inspection			
Business Name:		Permit	\$300	405 050/ -1	
Property Owner:		Multiple Identical Building For Education Building After The First		125 –or- 25% of Fee From The	
Owner Mailing Address:		Plan Review Fee Schedule		/ Fee Schedule	
City/State/Zip:		Plan Resubmittal Fee		\$125 \$50	
		REINSPECTION FEES			
Pnone #:		Thot (T) Remopeoution	\$100		
Applicant/Contact Information:		Second (2 nd) Reinspection Third (3 rd) and Subsequent	\$180	\$180	
Name of Applicant:		Reinspections	\$360	\$360	
• •		·		Subtotal:	
· ·		PLAI	N REVIEW FEES		
				Fire	
Phone #:		*****	Fire Alarm	Suppression	
E-mail:		2,500 or Less	\$150	\$150	
D((2,501 – 5,000 5,001 – 10,000	\$250 \$350	\$250 \$350	
Contractor Information		10,001 – 20,000	\$450	\$450	
Name of Contractor:		20,001 – 30,000	\$550	\$550	
Mailing Address:		30,001 – 40,000	\$650	\$650	
Citv/State/Zip:		40,001 – 50,000	\$750	\$750	
•		50,001 – 75,000 75,001 – 100,000	\$850 \$950	\$850 \$950	
FIIONE #		100,001 – 200,000	\$1,050	\$1,050	
Project Description:		200,001 – 300,000	\$1,250	\$1,250	
-		300,001 - 400,000	\$1,500	\$1,500	
		400,001 – 500,000	\$1,750	\$1,750	
		Over 500,000 Subtotal	\$2,000	\$2,000	
		Sublotal		Permit Fee:	
Fire Protection/Supp	pression Contractor – OR – Fire Al	arm Contractor:	i otai i	J 1 00.	
Company Name:		WI Certification Type:			
Mailing Address:		WI Certification #:			
City:	State: Zip:	Certification Holder Name (Print):			
Phone:	FAX:	Certification Holder Signature: Contact Name (if different than above):			
Plans Received:/_	/ KFD Permit #:	Contact Name (il dinerent in	an above).		
	_/ KI D F@IIIII #.	Comaci Signature.			
KFD Signature:					

Other Contact Information	Project/Tenant I	Project/Tenant Name:			
Property Owner					
Company Name:	Co	ntact Name:			
Address:		Phone:			
City/State/ZIP:		FAX:			
Agent for Property Owner					
Company Name:	Co	ntact Name:			
Address:		Phone:			
City/State/ZIP:		FAX:			
Tenant/Business Owner					
Company Name:	Co	ntact Name:			
Address:		Phone:			
City/State/ZIP:		FAX:			
Agent for Tenant/Business Owner					
Company Name:	Co	ntact Name:			
Address:		Phone:			
City/State/ZIP:		FAX:			
General Contractor (for entire construction project)					
Company Name:	Co	ntact Name:			
Address:		Phone:			
City/State/ZIP:		FAX:			
Other					
Company Name:	Co	ntact Name:			
Address:		Phone:			
City/State/ZIP:		FAX:			