



McFarland Fire and Rescue
Fire Protection System Work Permit Application

Fire Prevention Division

5915 Milwaukee Street PO Box 110
McFarland, WI 53558-0110

Phone (608) 838-3278 Fax (608) 838-3619

Email: blake.karnitz@mcfarland.wi.us

Website: www.mcfarland.wi.us

1. Project Information - Fill in all known information

ADMIN USE ONLY:

Project/Site Name: _____

Date Received: _____

Tenant name or building designation: _____

Amount of Fee Enclosed: \$ _____

Previous Tenant Name: _____

Key Box information given: Y N

Number & Street: _____

Munc. Code information given: Y N

2. Scope/Description of Work:

Check all that apply

- Addition/Alteration
- Alteration
- Kitchen hood system
- New
- Rack Storage
- Shell
- Shell building tenant build-out
- Private fire service mains & fire hydrants

Fire Suppression:

- Complete
- None
- Partial

Fire Alarm:

- Complete
- None
- Partial

Type:

- Anti-freeze
- Dry
- Manual Wet
- Pre-action/Deluge
- Wet

Monitoring Type:

- Central Station
- Proprietary Supervision
- Protected Premises
- Remote Supervision

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- Central Station
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3. Occupancy Type - Major Use

Check Use with Greatest Floor Area

Additional Non-Accessory Occupancies

Circle ALL that Apply

4. Construction Information

Construction Class - Circle One

- A Assembly A1 A2 A3 A4 A5
- B Business/Office B
- E Educational E
- F Factory/Industrial F1 F2
- H Hazardous H1 H2 H3 H4 H5
- I Institutional/Daycare/CBRF I1 I2 I3 I4
- M Mercantile/Retail M
- R Residential R1 R2 R3 R4
- S Storage S1 S2
- U Utility/Misc U

IA IB IIA IIB IIIA IIIB IV VA VB

Area (project area, include all levels): _____ sq ft.

Number of Floor Levels: above grade: _____
below grade: _____

Underground Parking: Y N

Has installation of the fire protection system started yet? Y N

Size of pipe coming into building for fire protection system? _____

Complete the following designer/owner/requesting information. Utilize the check boxes when designer, owner or requesting party is the same to avoid repeating information. Customer 1 Box must be completed. Customer 2 box must be completed also if the Designer or Requesting Party is NOT the owner.

Designer Information (Customer 1)

Requesting Party if different than designer (Customer 3)

First Name _____ Last Name _____

First Name _____ Last Name _____

Company Name _____

Company Name _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone Number (area code) _____ Fax or internet _____

Phone Number (area code) _____ Fax or internet _____

Check others if applicable:
() Owner () Payer () Designer A/E # _____

Check others if applicable:
() Owner () Payer

Owner Representative Information (Customer 2)

Other - Please Specify (Customer 4)

First Name _____ Last Name _____

First Name _____ Last Name _____

Company Name _____

Company Name _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone Number (area code) _____ Fax or internet _____

Phone Number (area code) _____ Fax or internet _____

Check others if applicable:
() Payer

Check others if applicable:
() Owner () Payer

Make check or money order payable to : McFarland Fire Department or Village of McFarland as a combined check

Applicant Signature: _____

Application Date: _____