



Mcfarland Fire & Rescue Department
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: fireprevention@mcfarland.wi.us

Website: www.mcfarland.wi.us

1. Project Information - Fill in all known information and correct address per each building

ADMIN USE ONLY:

Project/Site Name:
Tenant name or building designation:
Previous Tenant Name:
Number & Street:

Date Received:
Amount of Fee Enclosed: \$
Key Box information given: Y N
Munc. Code information given: Y N

2. Scope/Description of Work:
Check all that apply

Fire Suppression:

Fire Alarm:

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

- Complete
None
Partial
Type:
Anti-freeze
Dry
Manual Wet
Pre-action/Deluge
Wet

- Complete
None
Partial
Monitoring Type:
Central Station
Proprietary Supervision
Protected Premises
Remote Supervision

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
B Business/Office
E Educational
F Factory/Industrial
H Hazardous
I Institutional/Daycare/CBRF
M Mercantile/Retail
R Residential
S Storage
U Utility/Misc

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.

REQUIRED Designer Information (Customer 1) REQUIRED
First Name Last Name
Company Name
Address
City State Zip Code
Phone Number (area code) Email
Check others if applicable:
() Owner () Payer () Designer A/E #

Requesting Party if different than designer (Customer 3)
First Name Last Name
Company Name
Address
City State Zip Code
Phone Number (area code) Email
Check others if applicable:
() Owner () Payer

REQUIRED Owner Representative Information (Customer 2) REQUIRED
First Name Last Name
Company Name
Address
City State Zip Code
Phone Number (area code) Email
Check others if applicable:
() Payer

Other - Please Specify (Customer 4)
First Name Last Name
Company Name
Address
City State Zip Code
Phone Number (area code) Email
Check others if applicable:
() Owner () Payer

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

Applicant Signature: Application Date:

McFarland Fire & Rescue Department – Fire Work Protection Fee Worksheet

A. Occupancy Permit Inspection: \$30.00

REQUIRED FEE IN ADDITION TO TABLE B

\$30.00

B. Fire Alarm or Fire Suppression Submittal Fee (Plan Review and inspection OR Inspection only of State approved plans)

Fire Alarm and Fire Suppression <i>Plan Review & Inspection Fee</i>		Fire Alarm and Fire Suppression Inspection of State Approved	
Area (sq. Ft.)	Associated Fee	Area (sq. Ft.)	Associated Fee
Less Than 2,500	\$150.00	Less Than 2,500	\$75.00
2,501 – 5,000	\$187.50	2,501 – 5,000	\$112.50
5,001 - 10,000	\$375.00	5,001 - 10,000	\$187.50
10,001 - 20,000	\$675.00	10,001 - 20,000	\$300.00
20,001 - 30,000	\$1,050.00	20,001 - 30,000	\$450.00
30,001 - 40,000	\$1,350.00	30,001 - 40,000	\$600.00
40,001 - 50,000	\$1,650.00	40,001 - 50,000	\$750.00
50,001 - 75,000	\$1,950.00	50,001 - 75,000	\$975.00
75,001 - 100,000	\$2,250.00	75,001 - 100,000	\$1,125.00
100,001 - 200,000	\$2,550.00	100,001 - 200,000	\$1,275.00
200,001 - 300,000	\$2,850.00	200,001 - 300,000	\$1,500.00
300,001 - 400,000	\$3,300.00	300,001 - 400,000	\$1,575.00
400,001 - 500,00	\$3,600.00	400,001 - 500,00	\$1,725.00
Over 500,000	\$3,900.00	Over 500,000	\$1,875.00

**All fees from
Table B must
include
Table A:
Occupancy
Permit
Inspection
Fee.**

C. Re-Submittal of Approved Plan \$125.00

A re-submittal fee of \$125.00 shall be assessed for review of fire alarm system plans and fire suppression system

D. Re-Submittal of DENIED Plan Higher of 50% or \$200.00

A re-submittal fee shall be assessed for review of fire alarm system plans and fire suppression system plans that have been submitted following denial of plan submittal.

E. Occupancy Permit-\$35.00

F. Alteration to existing systems \$125.00

Alteration to existing systems: Up to 20 sprinklers or 3 devices (Larger systems considered new)

G. Additional Identical Buildings (Inspection area fee)

H. Private service (mains/hydrants) \$125.00

I. Misc. devices \$200.00

DACT, Kitchen hood, dry chemical systems, deluge systems, alarm dialers, fire door activators, clean agent systems.

Note: No additional fee shall be due if such are included as a component in a fire alarm or fire suppression systems plan which has been submitted with proper fees.

J. Penalty for failure to obtain a permit before starting work SHALL be double fees. This SHALL be in addition to any other penalties provided elsewhere in the Village of McFarland Ordinance.

NOTE: Fees for various Village of McFarland permits may be paid in one combination.

TOTAL FEE \$ _____

Administrative Use Only: Date Received: ___/___/___ By Whom Reviewed: _____

100-44300-105 Sprinkler Amount _____ Company _____

100-44300-106 Fire Alarm Amount _____

100-44300-107 Occupancy/Inspections Amount _____ **(Required Fee of all permit applications)**

Check # _____

TOTAL RECEIVED Amount _____

McFarland Fire & Rescue Department- P.O. Box 110, 5915 Milwaukee Street, McFarland WI, 53558-0110- ph 608-838-3278