



CITY OF MADISON FIRE DEPARTMENT WORK PERMIT APPLICATION



INSTRUCTIONS: Please type or print clearly. To avoid delays in the plan review process, **ensure this form is filled out completely and accurately.**

PROJECT ADDRESS: _____

PROJECT NAME: _____

Has installation of the fire protection system started yet? Yes No

Penalty for failure to obtain a permit before starting work shall be double the fees. This shall be in addition to any other penalties provided elsewhere in the Madison General Ordinance. In addition, a \$100 penalty shall be assessed for each day that work progresses until plans are submitted.

OCCUPANCY TYPE

- | | | | | |
|--|---|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Group R-1 | <input type="checkbox"/> Group R-2 | <input type="checkbox"/> Group R-3 | <input type="checkbox"/> Group R-4 | <input type="checkbox"/> Group R-5 |
| <input type="checkbox"/> Group A-1 | <input type="checkbox"/> Group A-2 | <input type="checkbox"/> Group A-3 | <input type="checkbox"/> Group A-4 | <input type="checkbox"/> Group A-5 |
| <input type="checkbox"/> Group H-1 | <input type="checkbox"/> Group H-2 | <input type="checkbox"/> Group H-3 | <input type="checkbox"/> Group H-4 | <input type="checkbox"/> Group H-5 |
| <input type="checkbox"/> Group E-daycare | <input type="checkbox"/> Group E-school | <input type="checkbox"/> Group F-1 | <input type="checkbox"/> Group F-2 | <input type="checkbox"/> Group B |
| <input type="checkbox"/> Group I-1 | <input type="checkbox"/> Group I-2 | <input type="checkbox"/> Group I-3 | <input type="checkbox"/> Group I-4 | |
| <input type="checkbox"/> Group S-1 | <input type="checkbox"/> Group S-2 | <input type="checkbox"/> Group M | <input type="checkbox"/> Group U | |

PROJECT AREA: _____ (square feet of affected area)

AMOUNT OF FEE ENCLOSED: \$ _____ (See Fee Schedule on back of this form)

SCOPE/DESCRIPTION OF WORK: _____

Scope of work shall include type of devices, number of devices, and specific location within building. Attach additional page if necessary.

TYPE OF SUBMITTAL: NEW INSTALLATION ALTERATION Less Than 21 Sprinklers Yes No
 (Check all that apply) DEMOLITION ONLY 3 or Less Fire Alarm Devices Yes No

TYPE OF SYSTEM: SPRINKLER CLEAN AGENT SMOKE CONTROL PANEL
 (Check all that apply) FIRE ALARM HIGH PILED STORAGE FIRE COMMAND CENTER
 WET CHEM (KITCHEN HOOD) LP-GAS ACCESS CONTROL/DELAYED EGRESS
 OTHER: _____ CAPACITY _____ Gallons NUMBER of Devices: _____

Complete the following applicant/designer/owner information. Utilize the check box to indicate payer.

APPLICANT INFORMATION			DESIGNER INFORMATION		
FIRST NAME	LAST NAME		FIRST NAME	LAST NAME	
COMPANY NAME			COMPANY NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP+4 (9 DIGITS)	CITY	STATE	ZIP+4 (9 DIGITS)
PHONE NUMBER (W/AREA CODE)		FAX OR EMAIL	PHONE NUMBER (W/AREA CODE)		FAX OR EMAIL
<input type="checkbox"/> PAYER	<input type="checkbox"/> DESIGNER		<input type="checkbox"/> PAYER		
OWNER INFORMATION			OTHER (please specify)		
FIRST NAME	LAST NAME		FIRST NAME	LAST NAME	
COMPANY NAME			COMPANY NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP+4 (9 DIGITS)	CITY	STATE	ZIP+4 (9 DIGITS)
PHONE NUMBER (W/AREA CODE)		FAX OR EMAIL	PHONE NUMBER (W/AREA CODE)		FAX OR EMAIL
<input type="checkbox"/> PAYER			<input type="checkbox"/> PAYER		

Make check or money order payable to: Madison City Treasurer (Reference: Madison General Ord. 34.02; SPS 302, Wis. Adm. Code)

Applicant Signature: _____ **Application Date:** _____

MGO 34.02(1)(b) The applicant certifies the finished installation will comply with the applicable codes.

****ADMINISTRATION SECTION****

TRANSACTION DATE:	PROJECT ID	NOTES:
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Plan Re-Submittal:

- A re-submittal fee of \$250 or 50% of original fee, whichever is higher, shall be assessed for review of system plans that have been submitted following denial of plan approval, if the submission is within 8 months of the original denial. Re-submittal after 8 months shall be full fees.
- A re-submittal fee of \$250 shall be assessed for revisions to previously approved plans.

Certain Devices Subject to a Single Flat Fee. The fee for review of submittals for the installation of any work not specified below shall be \$250.

****State-Owned Buildings:**

- Plans approved by the Dept of Safety and Professional Services are subject to inspection fees which are 50% of the fee specified in the area table.
- A copy of the SPS approval letter shall be provided with the submittal.

PLAN REVIEW FEE SCHEDULE		
	NEW INSTALLATION	ALTERATION
FIRE SPRINKLER SYSTEMS		
Fire sprinkler system	See area table	See area table
System modifications w/hydraulic impact, or more than 20 heads		See area table
System modifications w/o hydraulic impact, or less than 20 heads		\$125.00
Standpipe system (unless part of a combined sprinkler system)	See Area Table	\$125.00
Private fire service main or hydrant	\$250.00	\$125.00
FIRE ALARM SYSTEMS		
Fire alarm system	See area table	See Area Table
Modify (3) devices or less – installation or relocation of existing system		\$125.00
Fire Alarm Control Panel (FACP)	\$250.00	\$250.00
Alarm Monitoring System (DACT, IP, Cellular, Radio Transmitters)	\$250.00	\$125.00
Fire Detection Devices actuating fire doors/shutters	\$250.00	\$125.00
ALTERNATIVE AUTOMATIC FIRE EXTINGUISHING SYSTEMS		
Alternative Fire-Extinguishing System	See area table	See area table
Modify 3 or less devices w/o design impact		\$125.00
WET CHEM (KITCHEN HOOD) SYSTEMS		
Kitchen Hood Extinguishing System / Wet Chemical System	\$250.00	\$250.00
Modify (3) components or less w/o design impact– alteration of existing system		\$125.00
ACCESS CONTROL / DELAYED EGRESS SYSTEMS		
For up to 10 devices (11-20 is an additional \$250.00, 21-30, 31-40, etc.)	\$250.00 per (10)	\$250.00 per (10)
HIGH PILED COMBUSTIBLE STORAGE SYSTEMS		
High piled combustibile storage array plan review	See area table	\$250.00
OTHER FIRE PROTECTION SYSTEMS		
Fire Command Centers, Smoke Control Panels,	\$250.00	\$125.00
Fixed Outdoor Fire Feature, Smoke & Heat Vents	\$250.00	\$250.00
LP Gas: Retail Cylinder Exchange, Individual Containers	\$250.00	\$250.00

AREA TABLE	
	FEE
Less than 2,500 square feet	\$250.00
2,501 – 5,000 square feet	\$315.00
5,001 – 10,000 square feet	\$375.00
10,001 – 20,000 square feet	\$750.00
20,001 – 30,000 square feet	\$1,125.00
30,001 – 40,000 square feet	\$1,500.00
40,001 – 50,000 square feet	\$1,875.00
50,001 – 75,000 square feet	\$2,250.00
75,001 – 100,000 square feet	\$2,625.00
100,001 – 200,000 square feet	\$3,000.00
200,001 – 300,000 square feet	\$3,375.00
300,001 – 400,000 square feet	\$3,750.00
400,001 – 500,000 square feet	\$4,125.00
Over 500,001 square feet	\$4,500.00

Note: When making your payment, we would prefer a check or money order payable to Madison City Treasurer. If paying by cash, the amount must be exact. We cannot make change.

MADISON FIRE DEPT
314 W DAYTON ST
MADISON WI 53703

Revised April 2018

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www.madisonfire.org