



# 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 **\*\*\*REQUIRED\*\*\***

**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'S 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 SYSTEM ☐ 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 SYSTEM ☐ FIRE ALARM SYSTEM ☐ ALTERNATE SUPPRESSION SYSTEM  
(Check all that apply) ☐ WET CHEM (KITCHEN HOOD) ☐ HIGH PILED STORAGE ☐ ACCESS CONTROL/DELAYED EGRESS  
☐ OTHER: \_\_\_\_\_ NUMBER OF DOORS: \_\_\_\_\_

**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)		EMAIL <b>**REQUIRED**</b>	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 / Plans Placed on Hold Due to Incomplete Submittals:**

- 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.
- A re-submittal fee of \$250 *shall* be assessed for revisions to previously approved plans.
- An administrative hold fee of \$100.00 will be assessed for incomplete submittals placed on HOLD.

**Certain Devices Subject to a Single Flat Fee.** The fee for review of plans for the installation of certain devices (found in the table below) shall be \$250. However, no additional fee *shall* be due if such devices are included as a component in a system plan which has been submitted with proper fees to the Chief pursuant to MGO 34.02(2)d.

**\*\*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.

**FEE SCHEDULE**

	NEW	ALTERATION
<b>FIRE ALARM SYSTEMS</b>		
New fire alarm system – with or without state approved plans	See area table	
Alarm monitoring system (DACT, IP, cellular, radio transmitters)	\$250.00	\$125.00
Three (3) devices or less – alteration of existing system		\$125.00
Four (4) devices or more – alteration of existing system		See area table
FACP (Fire Alarm Control Panel) replacement of existing panel		\$250.00
<b>SPRINKLER SYSTEMS / ALTERNATE SUPPRESSION SYSTEMS / STANDPIPE / HYDRANT</b>		
New sprinkler system – with or without state approved plans	See area table	
System modifications w/hydraulic impact, or more than 20 heads		See area table
System modifications w/o hydraulic impact and fewer than 20 heads		\$125.00
Alternate suppression system	See area table	
Alternate suppression system – three (3) devices or less (not including control head)		\$125.00
Alternate suppression system – four (4) devices or more		\$250.00
Standpipe system (does not include combination sprinkler/standpipe systems)	See area table	\$125.00
Private fire service mains and hydrants	\$250.00	\$125.00
<b>ACCESS CONTROL / DELAYED EGRESS SYSTEMS</b>		
For up to 10 devices (11-20 is an additional fee, 21-30, 31-40, etc.)	\$250.00	\$125.00
<b>WET CHEM (KITCHEN HOOD) SYSTEMS</b>		
New Kitchen Hood Extinguishing System / Wet Chemical System	\$250.00	
Three (3) components or less – alteration of existing system		\$125.00
Four (4) components or more – alteration of existing system		\$250.00
<b>HIGH PILED COMBUSTIBLE STORAGE SYSTEMS</b>		
New high piled combustible storage array / modification of existing arrays	\$250.00	\$250.00
<b>OTHER FIRE PROTECTION SYSTEMS OR REVIEWS</b>		
Fire detection devices that actuate doors/shutters (not part of a fire alarm system)	\$250.00	\$125.00
Smoke control panels	\$250.00	\$125.00
Smoke and heat vent systems	\$250.00	\$250.00
Fire command center	\$250.00	\$125.00
Outdoor places of assembly (annual / one time)	\$250.00 / \$50.00	\$50.00
Fixed outdoor fire feature	\$250.00	\$250.00

**AREA TABLE**

SIZE OF PROJECT	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.**