



Community Development Department

444 West Grand Avenue
Wisconsin Rapids, WI 54495-2780
Ph: (715) 421-8228 • Fax: (715) 421-8291

Automatic Fire Sprinkler Permit Application

For Office Use Only

Date Received:	Date Paid:	Date Entered:	Permit #:
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PROPERTY INFORMATION

Site Address:		Parcel #:
Owner Name:	Owner Address, City, State, and Zip:	
Owner Phone Number:	Owner Fax Number:	Owner Email Address:

CONTRACTOR INFORMATION

Name:	Address, City, State, and Zip:	
Phone Number:	Fax Number:	Email Address:

PROJECT DESCRIPTION

Please describe project:

DETAILED PROJECT INFORMATION

Estimated Cost:

FEES

Description	Price Per Unit	Total
Fire Sprinkler Heads	\$1.00 Per Head	
Permit Fee Total (minimum permit fee \$40.00)		

Please make sure the following materials are included with your application:

- Sprinkler Plans**
- State Approved Plans**
- Licensing Requirements**; required when a contractor is taking out the permit.
- Electronic Plans**; applicants are required to submit full sized plans in PDF format. If the full sized plans are greater than 11" x 17", applicants are required to submit, both the full sized plans, and plans sized either 8.5" x 11" or 11" x 17". If you are unable to provide an electronic file, the City will scan the plans into an electronic file, and the applicant will be charged accordingly to cover the labor, equipment, and administrative costs to scan the plans. Please provide plans on a compact disc, or in an email to communitydevelopment@wirapids.org.

I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. I understand that I shall contact the inspector(s) at the appropriate times throughout the project for the required inspection(s). If I shall fail to contact the inspector(s) for the required inspection(s), or if reinspections are required, I agree to pay the appropriate penalty fees and/or reinspection fees.

Applicant (Sign): _____ Print: _____ Date: _____