

**Sprinkler Permit Application**

**PERMIT #** \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Owner name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Contractor name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Plan reviewer:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Type:** New \_\_\_\_\_ Addition \_\_\_\_\_ Modification \_\_\_\_\_

**Fee:** \$.02 per sq foot x \_\_\_\_\_ sq ft = \_\_\_\_\_

**Minimum permit fee \$75.00** **Failure to call for inspection \$75.00**

**TRIPPLE FEE'S WILL BE CHARGED IF WORK STARTS PRIOR TO PERMIT BEING ISSUED**

**Inspections needed:** Rough X Test/Witness X Final X

This applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency, or inspector; and certifies all the above information is accurate. Have Permit/Application number and address when requesting inspection. Call 920-746-2916. Give at least 24 hr. notice on all inspections

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL**

This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Structures requiring a sprinkler system either by Municipal Ordinance or by the requirements specified in the Wisconsin Administrative Code, shall comply with all municipal and state requirements. All plans and specifications are required to have a third party plan review, by a registered professional, prior to the issuance of a sprinkler permit.

Permit issued by: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**FEE: \$100.00**

**Blasting Permit Application**

**PERMIT #** \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Contractor name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Notifications:** \_\_\_\_\_

This applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency, or inspector; and certifies all the above information is accurate. Have Permit/Application number and address when requesting inspection. Call 920-746-2916. Give at least 24 hr. notice on all inspections

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Permit issued by: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**FEE: \$75.00**

**Fireworks Permit Application**

**PERMIT #** \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Contractor name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Notifications:** \_\_\_\_\_

This applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency, or inspector; and certifies all the above information is accurate. Have Permit/Application number and address when requesting inspection. Call 920-746-2916. Give at least 24 hr. notice on all inspections

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Permit issued by: \_\_\_\_\_ Date: \_\_\_\_\_