



**AUTOMATIC FIRE SUPPRESSION SYSTEMS/
FIRE ALARM PERMIT APPLICATION**

City of Monroe
1110 18th Ave | Monroe, WI 53566
P: (608)329-2500 | F: (608)329-2561

PERMIT#
DATE
WI SPRINKLER LICENSE #

A PERMIT IS REQUIRED FOR ALL INSTALLATION OR ALTERATION WORK.

Return completed applications to Fire Station 1 – 601 W 17th Street

PROJECT ADDRESS		
APPLICANT	ADDRESS	PHONE #
PROPERTY OWNER	ADDRESS	PHONE#
CONTRACTOR	ADDRESS	PHONE#
NEW BUILDING _____ EXISTING BUILDING _____ USE _____		

NFPA FIRE SUPPRESSION STANDARDS USED <input type="checkbox"/> 11 <input type="checkbox"/> 11A <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 13R <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 17R <input type="checkbox"/> 11A <input type="checkbox"/> 20 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 750 <input type="checkbox"/> 2001 <input type="checkbox"/> OTHER _____	FIRE SUPPRESSION <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE TYPE: <input type="checkbox"/> WET <input type="checkbox"/> DRY <input type="checkbox"/> PRE-ACTION/DELUGE <input type="checkbox"/> ANTI-FREEZE	SQUARE FOOTAGE BASEMENT _____ GROUND FLOOR _____ 1 ST FLOOR _____ 2 ND FLOOR _____ 3 RD FLOOR _____ ADTNL FLOOR _____ ACCESS BLDG _____ TOTAL _____ sq. ft.	AREA (SQUARE FEET)	FIRE SUPPRESSION
			LESS THAN 5,000	\$100
		KNOX BOX APPLICATION Y <input type="checkbox"/> N <input type="checkbox"/> KNOX BOX ON SITE Y <input type="checkbox"/> N <input type="checkbox"/>		

FEE SUBMITTED: \$ _____ Date _____ (Acct# 5/510)

STATE LICENSED PLUMBER REQUIRED FOR CONNECTION TO POTABLE WATER SUPPLY _____

THIS APPLICANT CERTIFIES THAT ALL INFORMATION IS CORRECT AND THAT ALL PERTINENT CITY ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED. COMPLY WITH ALL NFPA STANDARDS.

SIGNATURE OF LICENSED CONTRACTOR _____ DATE _____

PRINTED NAME _____ LICENSE # _____

INSPECTION RECORD

REQUIRED BLDG INSP	TYPE	DATE COMPLETE	INITIALS	COMMENTS
_____	UNDERGROUND SERVICE	_____	_____	_____
_____	ROUGH	_____	_____	_____
_____	PRESSURE TEST	_____	_____	_____
_____	BACKFLOW PROTECTION	_____	_____	_____
_____	HYDRO TEST	_____	_____	_____
_____	FINAL	_____	_____	_____