



City of Oconomowoc
 174 East Wisconsin Avenue
 Post Office Box 27
 Oconomowoc, WI 53066
For Inspection Call
Phone: (262) 569-2195

PERMIT NO.
TAX KEY #
BUILDING PERMIT #

Sprinkler Application

PROJECT LOCATION (Building Address)	
PROJECT DESCRIPTION	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
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CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
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ESTIMATED COST	LICENSE NUMBER
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LIST ELECTRICAL CONTRACTOR	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
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SCHEDULE OF INSPECTION FEES		EACH	COUNT	FEE
NEW BUILDING ADDITION & REMODELING	Base Fee	\$35.00	_____	_____
	Plus06/Sq. Ft.	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS			
	EACH	COUNT	FEE
Sprinkler Heads	1.00	_____	_____
All Sprinkler piping35 per L. ft	_____	_____
Hydrants	25.00	_____	_____
Auxiliary Pump Electric or Gas	75.00	_____	_____
Reserve Capacity Tanks up to 100,000 gallons	100.00	_____	_____
Reserve Capacity Tanks over 100,000 gallons.....	160.00	_____	_____
Minimum Permit Fee.....	\$50.00		
Reinspect Fee	\$25.00 Each		
Failure to call for inspection	\$25.00 Each		

DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hours 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 COMM 52.011, COMM 52.012, and COMM 52.013 shall comply with all municipal and state requirements. All plans and specifications required by the Wisconsin Administrative Code shall be signed and sealed by a registered professional and a copy shall be available at the construction site. Please call 262-569-2195 for inspections. Give 24 hours notice.

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____	Ck # _____ Date _____ From _____ Rec. By _____	Permit Expires 90 Days	Name _____ Date _____ Certification No. _____
NO REFUNDS ON PERMITS			