



**CITY OF MIDDLETON
FIRE PROTECTION
PLAN REVIEW / PERMIT
APPLICATION**

7426 HUBBARD AVE
MIDDLETON, WI 53562
608-821-8370
BUILDINGINSPECTION@CITYOFMIDDLETON.US

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

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 Middleton General Ordinances.

OCCUPANCY TYPE

- | | | | | |
|------------------------------------|-----------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 | <input type="checkbox"/> R-3 | <input type="checkbox"/> R-4 | |
| <input type="checkbox"/> A-1 | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4 | <input type="checkbox"/> A-5 |
| <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 | <input type="checkbox"/> H-4 | <input type="checkbox"/> H-5 |
| <input type="checkbox"/> E-daycare | <input type="checkbox"/> E-school | <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 | <input type="checkbox"/> B |
| <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 | |
| <input type="checkbox"/> S-1 | <input type="checkbox"/> S-2 | <input type="checkbox"/> M | <input type="checkbox"/> U | |

PROJECT'S AREA: _____ (square feet of affected area)

AMOUNT OF FEE ENCLOSED: \$ _____ (See Fee Schedule on page 2)

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 PLAN REVIEW 4 or Less Fire Alarm Devices Yes No

TYPE OF SYSTEM: SPRINKLER SYSTEM FIRE ALARM SYSTEM ALTERNATE SUPPRESSION SYSTEM
(Check all that apply) KITCHEN HOOD OUTDOOR FIRE FEATURE ACCESS CONTROL/DELAYED EGRESS
 OTHER: _____ DACT NUMBER OF DEVICES: _____

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 **REQUIRED**		PHONE NUMBER (W/AREA CODE)	EMAIL	
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)	EMAIL		PHONE NUMBER (W/AREA CODE)	EMAIL	

Applicant Signature: _____

Application Date: _____

Reviews and Permit Fees

Fire Alarm plan review new or alteration over 4 devices	See Area Table
Fire Suppression plan review new or alteration over 20 heads	See Area Table
Alternate Fire Suppression plan review	See Area Table
Standpipe system	See Area Table
Commercial kitchen hood review & permit	\$250
Clean Agent Review Permit	\$250
Controlled Access Review & Permit	\$250 for up to 10 devices \$100 for each additional 10 devices
Fire Alarm Panel/DACT Existing Replacement	\$250
Smoke Control Panels	\$250
Fire Command Centers	\$250
Outdoor Fire Feature	\$150
Fire Alarm Alteration 4 devices or less	\$150
Fire Suppression Alteration 20 heads or less & no hydraulic impact	\$150
Plan Revision to approved plans (simple revisions)	\$175
Fire Alarm/Suppression new/alteration over 4&20 permit fee	Base Fee \$100 + SF fees below Group I Bldg. \$.03 per SF Group II Bldg. \$.04 per SF Group III Bldg \$.02 per SF

Square Footage

Basement _____

Ground Floor _____

1st Floor _____

2nd Floor _____

3rd Floor _____

Add. Floors _____

Total SF _____

Group I All residential buildings, single family, two-family and multifamily dwellings, residential garages and storage sheds. (This group does not include hotels, motels or institutional buildings).

Group II General and professional offices, barber shops, beauty parlors, bowling alleys, dry-cleaning establishments, clinics, natatoriums, shelters, hotels and motels, taverns, restaurants, cafeterias, retail establishments, commercial garages, service stations, churches, assembly halls, theaters, exhibition buildings, educational institutions, hospitals, nursing homes, places of detention, gymnasiums, arenas, laboratories, lodge halls, funeral homes, libraries, skating rinks, dance halls, and armories.

Group III Warehouses, freight terminals, storage buildings, refrigeration storage, factories, machine shops, electric sub-stations, sewage treatment plants, heating plants, steam & electric generating plants, transformer vaults and other building not classified in Groups I – II.

AREA TABLE

SIZE OF PROJECT	FEE
Less than 2,500 square feet	\$130.00
2,501 – 5,000 square feet	\$160.00
5,001 – 10,000 square feet	\$200.00
10,001 – 20,000 square feet	\$250.00
20,001 – 30,000 square feet	\$300.00
30,001 – 40,000 square feet	\$450.00
40,001 – 50,000 square feet	\$600.00
50,001 – 75,000 square feet	\$800.00
75,001 – 100,000 square feet	\$1,100.00
100,001 – 200,000 square feet	\$1,300.00
200,001 – 300,000 square feet	\$3,100.00
300,001 – 400,000 square feet	\$4,500.00
400,001 – 500,000 square feet	\$5,700.00
Over 500,001 square feet	\$6,700.00

Note: When making your payment, We accept checks mad out to (City of Middleton) or we can process credit card payments.

Check mailed to: City of Middleton
ATTN: Building Inspection
7426 Hubbard Ave
Middleton, WI 53562

Credit card processing please contact:
Middleton Building Inspection Department
608-821-8370

SUBMITTAL PROCESS

Submit a stamped PDF of the set of plans- unlocked and scaled - if too large for E-mail please a range a cloud drive transfer please submit all calculations and material specifications

Completed application form

Completed checklist

FEES must be paid prior to review.

Supervising Professional's Statement: I have been retained by the owner as the supervising professional for the performance or supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications. Upon completion of construction, I will file a written statement with the City of Middleton Building Inspection Division certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications.

Supervising Professional Signature _____

Registration # _____

DATE: _____

Print Name _____

Fire Alarm

Permit - 4 or less devices will need a detailed scope of work statement with a simple floor plan showing the location of the altered, removed or added devices or specific room number or location descriptions.

Plan review and permit - More than 4 devices require a full plan, battery calculations, device and equipment manufacture specifications submittal.

Fire Suppression

Permit – less than 20 heads with no hydraulic impacts, require a detailed scope of work statement with a simple floor plan showing the location of the altered, removed or added heads, or list a specific room number or location descriptions.

Plan review and permit – 20 heads or less and has hydraulic impact= full plans and specs.

More than 20 heads= full plans and specs

Access Control Plan Submittal Requirements

Provide PDF drawings with the following information:

1. Detailed scope of work statement identifying the operation of the Access Control/ Egress Control System in normal, loss of power, and the activation of a fire protection system
2. A scaled floor plan that shows:
 - a. Plan should only include access control details
 - b. Onclude room names
 - c. The complete path(s) of egress
 - d. Identifies which doors are to be provided with access control devices
 - e. Detail the installation location and layout, including all hookups/integration into building systems
3. A door schedule showing fire rating and hardware to be provided
4. Manufacturer's specification sheets for hardware (cut sheets)
5. Sequence of operation
6. Manufacturer's specification sheets for the types of detectors used (cut sheets)



Checklist for Fire Suppression and Fire Alarm Plan Review Summary Sheet

Project Name: _____

Paper plan submittals are no longer accepted by the Department.

This form is to be included as a summary sheet for fire suppression and fire alarm plan submittals

Date of Application: _____

Check all that are Applicable Plan Type: ___ New ___ Addition ___ Alteration ___ Revision to already approved plan

Requesting plan review for: (Please check the requested building reviews below)

- Fire Suppression Review
 Fire Alarm / Detection Review
 Underground Private Fire Service Main Review

Section 2. PLAN SUBMITTAL REQUIREMENTS.

PLAN SUBMITTAL SHALL INCLUDE THE FOLLOWING IN ACCORDANCE WITH CODE SECTION SPS 361.31:

A complete set of fire suppression or fire alarm plans and supporting documents. Incomplete submittals will be rejected. **Please check the boxes below to ensure your plan submittal is complete.** Plans shall be legible and to scale. Plans are required to be submitted in accordance with the submitter instructions requirements. For more information, refer to the [Fire Suppression](#) or the [Fire Alarm](#) plan submittal guidelines.

FIRE SUPPRESSION PLANS

N/A

- Copy of signed application form. Sign for Supervising Professional if Stand-Alone Plan Submittal
- Properly signed/sealed Title Sheet including plan Index.
- Complete fire suppression plans.
- Hydraulic calculations. Include if applicable.
- Material product data sheets.
- High-piled combustible storage [SPS 362.0202(1)] or High-hazard Group H occupancies [IBC 307], detailed information shall be provided to clearly depict the parameters used for establishing the design criteria.

FIRE ALARM / DETECTION PLANS

N/A

- Copy of signed application form. Sign for Supervising Professional if Stand-Alone Plan Submittal
- Properly signed/sealed Title Sheet including plan Index.
- Complete fire alarm plans.
- Battery calculations.
- Voltage-drop calculations for each notification appliance circuit.
- Material product data sheets.
- A detailed, project-specific 'Sequence of Operation' Narrative or Matrix which clearly identifies all functions of the fire alarm system, including the transmission of alarm, supervisory and trouble signals to an approved supervising station. Include the communication method of signals sent from the fire alarm system to the supervising station.

UNDERGROUND PRIVATE FIRE SERVICE MAIN PLANS

N/A

- Copy of signed application form. Sign for Supervising Professional if Stand-Alone Plan Submittal – no related transaction ID.
- Properly signed/sealed Title Sheet including plan Index.
- Complete underground fire service main plans.
- Thrust block calculations. Include if applicable.
- Material product data sheets.

- Submitter acknowledges that the submittal is complete.
 Submitter acknowledges that any additional information requested to complete review will be received by the Department within fifteen (15) business days or the plan is subject to denial.

Submitter's Signature

Date