



Fire Alarm Plan Examination Application

809 N. Broadway

Milwaukee, WI 53202-3617

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- New System Installation
- Addition to Existing System
- Alteration of Existing System
- System Replacement/Upgrade
- Other _____

Property Address		Occupant / Project Name	
Company Requesting Examination		Name of the Primary Contact Person (Applicant)	
Telephone	Fax	e-Mail	
Address	City	State	Zip
Brief Description of the Project			
Building Area / Area of Work (sq. ft.)	Project Cost	PTS No. (<i>Obtain from Project Architect</i>)	

Required Submission Materials:

- (1) copy of this form
- Plan examination fee (+1.4% surcharge)
- ___ sets signed/sealed fire alarm drawings (*5 minimum*)
- (1) Material data booklet
- Sequence of Operations..... *on plans?* Y/N ; *in booklet?* Y/N
- Battery calculations..... *on plans?* Y/N ; *in booklet?* Y/N
- Voltage-drop calculations..... *on plans?* Y/N ; *in booklet?* Y/N
- Completed fire alarm permit application (*see note below*)

Plan examination fee: _____

Note: It is not necessary to include the permit fee payment with this application. The correct permit fee amount will be provided upon completion of the plan review.

Received by: _____ Date: _____