



APPLICATION FOR PLAN REVIEW

APPLICANT SUBMITTAL CHECKLIST				FIRE DEPARTMENT OFFICE USE ONLY			
()	Application Completed And Signed	Date Received		Received By			
()	Check For Appropriate Fees Attached	State Transaction #		Local Plan #			
()	One (1) Set Of Plans in .PDF Format Submitted	Assigned Reviewer		Permit Receipt #			
()	Supporting Specs/Calcs Included Electronically	Conditional Approval Sent		District #			
1. SYSTEM TYPE			1a. BUILDING INFORMATION				
()	Fire Alarm	Type Of Occupancy					
()	Automatic Fire Sprinkler	Project Area (Include All Levels):		Sq. Ft.			
()	Miscellaneous System	Number Of Floor Levels					
()	Fire Doors	Number Of Stories					
()	Automatic Fire/Smoke Detection System	Construction Class					
2. TYPE OF SUBMITTAL			3. PROJECT INFORMATION				
()	New	()	Addition				
()	Re-Submission Following Denial		Project/Site Name				
()	Revision		Project Address				
()			Tenant Name Or Building Designation				
()							
4. AFTER PLANS ARE REVIEWED, PLEASE (check all that apply):				*Refers to Customer # from below.			
()	Call Customer 1, 2, Or 3 (Circle Only One Number)*						
()	E-Mail Plans, Review Letter, and Permit To Customer 1, 2, Or 3 *						
DESIGNER INFORMATION (Customer 1)							
First Name		Last Name		Customer Number			
Company Name							
Address		City		State	Zip Code		
Telephone Number () () ()		Fax Number () () ()		e-mail Address			
OWNER INFORMATION (Customer 2)							
First Name		Last Name		Customer Number			
Company Name							
Address		City		State	Zip Code		
Telephone Number () () ()		Fax Number () () ()		e-mail Address			
REQUESTING PARTY, IF DIFFERENT THAN DESIGNER (Customer 3)							
First Name		Last Name		Customer Number			
Company Name							
Address		City		State	Zip Code		
Telephone Number () () ()		Fax Number () () ()		e-mail Address			

BUILDING INFORMATION		
Sprinkler Type	Alarm Type	Miscellaneous System
() Partial	() Partial	() Special Hazard System (inc. Hood)
() Complete	() Complete	() System with fire pump
() NFPA 13	() NFPA 72 Fire Alarm	() Atrium Smoke Evacuation
() NFPA 13R	() NFPA 72 Smoke Detection	() Standpipe And Hose System
() NFPA 13D	() Areas Of Rescue Assistance	() Building exceeds 5 stories*
() NFPA 231	() Other	() Other
() NFPA 231C	Type:	Type:

*Additional fee for each additional 5 stories thereafter (e.g. a 15 story building would require three miscellaneous fees)

Area (Square Feet)	Fees	
	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$150	\$150
2,501 – 5,000	\$190	\$190
5,001 – 10,000	\$225	\$225
10,001 – 20,000	\$255	\$255
20,001 – 30,000	\$290	\$290
30,001 – 40,000	\$335	\$335
40,001 – 50,000	\$375	\$375
50,001 – 75,000	\$420	\$420
75,001 – 100,000	\$475	\$475
100,001 – 200,000	\$600	\$600
200,001 – 300,000	\$700	\$700
300,001 – 400,000	\$800	\$800
400,001 – 500,000	\$900	\$900
Over 500,000	\$1000	\$1000

Area (Square Feet)	Fees	
	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$5	\$5
2,501 – 5,000	10	10
5,001 – 10,000	15	15
10,001 – 20,000	20	20
20,001 – 30,000	25	25
30,001 – 40,000	40	40
40,001 – 50,000	55	55
50,001 – 75,000	80	80
75,001 – 100,000	110	110
100,001 – 200,000	140	140
200,001 – 300,000	330	330
300,001 – 400,000	480	480
400,001 – 500,000	630	630
Over 500,000	710	710

NOTE: Appropriate State plan review fees from Table 2.31-3 should be only added to Line #2 of the fee calculations for the following types of occupancies: School K-12, Chapter 57 CBRF, detention facility, hotels, motels, and atriums located within any type of occupancy. Adding State plan review fees unnecessarily will result in permit delays.

FEE CALCULATION

- City Fee Calculation (Table 6.72-1) \$ _____
- State Fee Calculation (Table 2.31-3, see note above) \$ _____
- Miscellaneous System Fee (\$250.00 Per Item) # _____ \$ _____
- *Fire Door: \$100.00 First Door (Minimum) \$ _____ *Not required for doors reviewed as part of an ongoing project.
Additional Fire Doors: # _____ \$25 Each Additional Door \$ _____
- *Re-submission Fee: (\$250.00) Initial Transaction No. _____ \$ _____ *Following denial of initial submittal.

**MAKE CHECKS PAYABLE TO:
CITY OF APPLETON**

TOTAL FEES \$ _____

Component Submittal: The department expects, and requires, that the project designer reviews individual component submittals for compliance with general design concepts and appropriate adopted design standards. The designer must comply with all codes and standards as they apply to the design.

Original Signature of Designer

Date

Company Name