

Sprinkler Permit Application

PERMIT # _____

Project Location: _____
 Owner name: _____ Address: _____
 Contractor name: _____ Address: _____
 Plan reviewer: _____ Address: _____
 Type: New _____ Addition _____ Modification _____

Fee: \$.02 per sq foot x _____ sq ft = _____
 Minimum permit fee \$75.00 Failure to call for inspection \$75.00

TRIPPLE FEE'S WILL BE CHARGED IF WORK STARTS PRIOR TO PERMIT BEING ISSUED

Inspections needed: Rough Test/Witness Final

This applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency, or inspector; and certifies all the above information is accurate. Have Permit/Application number and address when requesting inspection. Call 920-746-2916. Give at least 24 hr. 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 the Wisconsin Administrative Code, shall comply with all municipal and state requirements. All plans and specifications are required to have a third party plan review, by a registered professional, prior to the issuance of a sprinkler permit.

Permit issued by: _____ Date: _____

FEE: \$100.00

Blasting Permit Application

PERMIT # _____

Project Location: _____
 Contractor name: _____ Address: _____
 Frequency: _____ Date: _____ Notifications: _____

This applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency, or inspector; and certifies all the above information is accurate. Have Permit/Application number and address when requesting inspection. Call 920-746-2916. Give at least 24 hr. notice on all inspections

Signature of Applicant: _____ Date: _____

Permit issued by: _____ Date: _____

FEE: \$75.00

Fireworks Permit Application

PERMIT # _____

Project Location: _____
 Contractor name: _____ Address: _____
 Frequency: _____ Date: _____ Notifications: _____

This applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency, or inspector; and certifies all the above information is accurate. Have Permit/Application number and address when requesting inspection. Call 920-746-2916. Give at least 24 hr. notice on all inspections

Signature of Applicant: _____ Date: _____

Permit issued by: _____ Date: _____

Payment made to: Town of Sturgeon Bay

Mail application and fee to: Sturgeon Bay Fire Dept. 421 Michigan St. Sturgeon Bay WI. 54235