



Town of Brookfield Fire Department

Bureau of Fire Prevention

645 Janacek Rd Brookfield, WI 53045

PH: 262.796.3793 FAX: 262.796.0410

FIRE PROTECTION SYSTEM INSTALLATION/PLAN REVIEW APPLICATION FORM

APPLICATION IS MADE TO THE TOWN OF BROOKFIELD FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION

Site Information	Owner Information
Business Name:	Building Owner Name:
Address:	Address:
Contractor Information	City, State, Zip
Business Name:	Telephone:
Address:	
Telephone:	
Contact Name:	

<input type="checkbox"/>	Install New System	<input type="checkbox"/>	Addition to Existing System (Remodel)
<input type="checkbox"/>	Addition to Existing System (New Construction)	<input type="checkbox"/>	Upgrade or Major Repair to Existing System

SPRINKLER SYSTEM

Basic Sprinkler System Plan Review:	<input type="checkbox"/>	20 or less heads	\$25.00
	<input type="checkbox"/>	More than 20 to 250 heads	\$50.00
	<input type="checkbox"/>	Each additional 100 heads	\$25.00
Site Inspection:	<input type="checkbox"/>		\$100.00

FIRE ALARM SYSTEM

Fire Alarm System Plan Review to include, but not limited to smoke, heat, and manual fire alarm systems:	<input type="checkbox"/>	50 fixtures or less	\$50.00
	<input type="checkbox"/>	More than 50 fixtures	\$100.00
Site Inspection:	<input type="checkbox"/>		\$125.00

SPECIAL FIRE SUPPRESSION SYSTEM

Special Fire Suppression System Plan Review to include, but not limited to hood, duct ventilation, spray booths, dip tank operation flammable liquid spray areas:	<input type="checkbox"/>	\$100.00
Site Inspection:	<input type="checkbox"/>	\$100.00

Fees payable to the **Town of Brookfield Fire Department**

***** All items listed above are subject to a site inspection*****

Approval of Plans and System

Prior to installation of **NEW** fire protection system or hydraulic calculation changes, two (2) copies of State of Wisconsin approved plans and specifications shall be submitted to the Town of Brookfield Bureau of Fire Prevention for review.

For any other additions to the system, system plans and specifications shall be submitted to the Town of Brookfield Bureau of Fire Prevention for review.

Approval Required

System plans **MUST** be conditionally approved and/or written authorization to start work must be obtained from the Town of Brookfield Bureau of Fire Prevention prior to any work being performed

Description of Project	
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Required Articles for Submission (Check off)

<input type="checkbox"/>	Two (2) sets of State of Wisconsin approved fire protection plans
<input type="checkbox"/>	One (1) copy of cut sheet on all fire protection and/or fire alarm equipment
<input type="checkbox"/>	One (1) set of plans or drawings of modifications
<input type="checkbox"/>	Completed Fire Department Application Form
<input type="checkbox"/>	Check payable to: TOWN OF BROOKFIELD FIRE DEPARTMENT

*** FOR FIRE DEPARTMENT USE ***		
Date Received by Fire Department		Received by
Date Reviewed by Fire Department		Reviewed by
Date Inspected by Fire Department		Inspected by

If you have any questions regarding this process, please contact Assistant Chief Anthony D'Amico