## Fire Protection/Detection Permit Application

## Fox Crossing Fire Department Fire Prevention Bureau

1326 Cold Spring Road · Neenah, WI 54956 · 920-720-7126 · Fax: 920-720-7986

Date of Application:		Type of Permit Request:	
Project Location:  Facility Name:	Street: City: Zip:	Tank Program Automatic Fire Exting Fire Alarm Detection Fire Pumps Standpipes Private Hydrants	guishing
Contractor Name:		Spraying/Dipping Op	eration
Contractor Address:	Street: City, State Zip	Comments on System:	
Contractor Telephon	e: Area Code		
Property Owner:		ROS	
Owner Address:			
Owner Telephone:	Area Code	City, State	Zip
three sets of plans and s 'CONDITIONALLY A set of stamped plans sh  All permitted installation issuance of the Certification prevailing national, state acceptance tests and insection  Permits are required for	supporting documentation as required by coordinated Persupporting documentation as required by coordinated Persupporting documentation as required by coordinated Persupporting documentation as required by coordinated Persupport and Persupport	Fox Crossing Fire Department before and at the time of fire Certificate of Occupancy is compliance with all provision for installation of systems including certification docume identified fire protection or tank systems. Maintenance p	et proponent. One mal inspection for ons of the entation,
Permit Fees: Fees for the installation of tank or fire protection systems may be found on the Village website at <a href="www.foxcrossingwi.gov">www.foxcrossingwi.gov</a> ; Ordinances, Appendix – B Fee Schedule		Penalties: Fees increase in accordance with the provisions in Appendix C – Fines and Penalties of the Fox Crossing Municipal Code for those projects that are started or completed without proper review and permitting	
Permit Number:		Fees Collected:	
Project Installation Date:		Fees Received by:	
Date Permit Issued		Permit Issued by:	
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