



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 #	
()	Four (4) Sets Of Plans Submitted			Assigned Reviewer		Permit Receipt #	
()	Supporting Sheets And Documentation Included			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 Fire Suppression Plan			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		Project/Site Name	
()	Re-Submission Following Denial			Project Address			
()	Revision						
()	Multiple Identical Building			Tenant Name Or Building Designation			
()	Shell Buildings						
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)*						
()	Requesting Party Will Pick Up						
()	Mail Plans To Customer 1, 2, Or 3 (Circle Only One Number)*						
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	() Hood Suppression System
() Complete	() Complete	() Non-Water Fire Suppression
() NFPA 13	() NFPA 72 Fire Alarm	() Spray Booth Fire Suppression
() NFPA 13R	() NFPA 72 Smoke Detection	() Standpipe And Hose System
() NFPA 13D	() Areas Of Rescue Assistance	() Atrium Smoke Evacuation
() NFPA 231	() Other	() Other
() NFPA 231C	Type:	Type:

Table 6.72-1 City of Appleton Plan Review Fees		
Area (Square Feet)	Fees	
	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$35	\$35
2,501 – 5,000	55	55
5,001 – 10,000	70	70
10,001 – 20,000	90	90
20,001 – 30,000	105	105
30,001 – 40,000	140	140
40,001 – 50,000	175	175
50,001 – 75,000	210	210
75,001 – 100,000	245	245
100,001 – 200,000	350	350
200,001 – 300,000	420	420
300,001 – 400,000	490	490
400,001 – 500,000	560	560
Over 500,000	700	700

Table 2.31-3 State of Wisconsin Plan Review Fees		
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 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.

FEE CALCULATION

1.	City Fee Calculation (Table 6.72-1)	\$		
2.	State Fee Calculation (Table 2.31-3)	\$		
3.	*Miscellaneous System Fee (\$50.00 Per System)	\$		*Not required if submitted with Item #1.
4.	Multiple Identical Buildings (25% Of Item #1 For Each Additional Building)	\$		
5.	Shell Buildings (50% Of Table 6.72-1)	\$		
6.	Shell Building Interior: Shell Building Transaction No. _____	\$		% of Total Gross Area
7.	*Fire Door: \$25.00 First Door (Minimum)	\$		*Not required for doors reviewed as part of an ongoing project.
	Additional Fire Doors: _____ \$10 Each Additional Door	\$		
8.	*Re-submission Fee: (\$50.00) 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