Town of Brookfield Fire Department

Bureau of Fire Prevention

645 Janacek Rd Brookfield, WI 53045
PH: 262.796.3793 FAX: 262.796.0410

FIRE ALARM INSTALLATION/PLAN REVIEW APPLICATION FORM

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

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

☐	Install New System	☐	Addition to Existing System (Remodel)
☐	Addition to Existing System (New Construction)	☐	Upgrade or Major Repair to Existing System

Basic Fire Alarm Plan Review		
Description	Fee	Cost
50 or less devices	$100.00	$
More than 50 devices	$200.00	$
Monitoring Only	$100.00	$
Site Inspection (Per visit)	$150.00	$
Final Acceptance Test	$150.00	$
Reinspection	$75.00	$
Small additions (<20 devices)	$75.00	$
	Total Amount Due	$ 0

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 alarm system or hydraulic calculation changes, one (1) copy of State of Wisconsin or E-Plan Exam 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, that do not require State of Wisconsin or E-Plan Exam approval, system plans and specifications shall be submitted to the Town of Brookfield Bureau of Fire Prevention for review.

An invoice will be sent for any Reinspection(s).

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	Detail

Required Articles for Submission (Check off)

☐	One (1) set of State of Wisconsin/E-Plan approved fire protection plans (Sent electronically)
☐	One (1) set of plans or drawings of modifications (Sent electronically)
☐	One (1) copy of cut sheet on all fire alarm equipment (Sent electronically)
☐	One (1) copy of battery and voltage calculations, if applicable (Sent electronically)
☐	Completed Fire Department Application Form
☐	Check payable to: **TOWN OF BROOKFIELD FIRE DEPARTMENT**
☐	Payment made on **AllPaid** (allpaid.com [Pay Location Code: A0057P])

****** 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 at 262-796-3793 or adamico@tbfd.org