Town of Brookfield Fire Department

Bureau of Fire Prevention

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

SPECIAL OCCUPANCY/TIME-BASED SYSTEM 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/Event 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)	☐	Occupancy & Special Inspections
☐	Addition to Existing System (New Construction)	☐	Upgrade or Major Repair to Existing System	☐	Time-Based/Special Service/Special Event

Occupancy & Special Inspections		
Description	Fee	Cost
Final Occupancy Inspection	$150.00	$
Fire Pump Inspection	$150.00	$
Elevator Fire Operation Test	$150.00	$
Fire Door Drop/Damper Test	$100.00	$
Reinspection	$100.00	$
Total Amount Due		$ 0

Time-Based/Special Service/Special Event		
Description	Fee	Cost
*First Hour	$125.00	$
*Each additional 15 minutes	$30.00	$
For fire department use	**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** special fire suppression system, a copy of plans and specifications shall be submitted to the Town of Brookfield Bureau of Fire Prevention for review.

An invoice will be sent on the time spent for the Time-Based/Special Service/Special Event or for the 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 or event (Sent electronically)
☐	One (1) copy of cut sheet on all fire protection equipment (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