



# Grand Chute Fire Department

## Acceptance Test Application – Fire Protection Systems

### HOW TO APPLY FOR AN ACCEPTANCE TEST INSPECTION

In accordance with Grand Chute Municipal Code 291-4(E) *any work done to the following fire protection systems that requires State of Wisconsin Approved Plans* shall require an Acceptance Test Application and Inspection:

- Sprinkler System
- Standpipe System
- Foam System
- Wet Chemical System
- Fire Pump
- Smoke Control System
- Dry Chemical System
- Fire Alarm and Communication System
- Private Water System (Hydrants)

**An inspection fee as prescribed in the Town Fee Schedule shall be paid for the required inspection. (Fee based on project size and type)**

#### Step #1:

Contact Assistant Chief Brian Schommer via phone at (920) 832-6050 or email at [brian.schommer@grandchute.net](mailto:brian.schommer@grandchute.net) and request an *Acceptance Test Application*.

#### Step #2:

Return (via hand-delivery or mail) the completed Acceptance Test Application with *one (1) set of plans (State Approved)* and fee made payable to “Town of Grand Chute” to:

Grand Chute Fire Department  
Attn: Assistant Chief Schommer  
2250 Grand Chute Boulevard  
Grand Chute, WI 54913

#### Step #3:

Contact Assistant Chief Schommer at (920) 832-6050 and request a Fire Department Compliance Inspection a minimum of *two (2) working days (48 hours)* prior to your desired inspection date. Messages left will not constitute an inspection being scheduled.

# Acceptance Test and Completion Application

**Municipal Code: 291-4E**

A permit fee as prescribed in the Town Fee Schedule shall be paid for required inspection

## Grand Chute Fire Department

2250 Grand Chute Boulevard Grand Chute, WI 54913

Phone: (920) 832-6050 Fax: (920) 832-1606

Application Date: \_\_\_\_\_ Estimated Project Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(Job Site)

Business Address: \_\_\_\_\_ Space/Unit #: \_\_\_\_\_ Zip: \_\_\_\_\_

(Job Site)

Business Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### System Type (check all that apply)

- Automatic Sprinkler System ~ 20 - 150 heads = \$75
- Automatic Sprinkler System ~ 151 - 300 heads = \$100.00
- Automatic Sprinkler System ~ 301 - 450 heads = \$125.00
- Automatic Sprinkler System ~ 451 - 600 heads = \$150.00
- Automatic Sprinkler System ~ Over 600 heads = \$175.00
- Fire Protection System Other Than Sprinkler - New Installation Inspection ~ \$75.00

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> New System   | <input type="checkbox"/> Alterations |
| <input type="checkbox"/> Addition     | <input type="checkbox"/> Replacement |
| <input type="checkbox"/> Other: _____ |                                      |

### Description of Work

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Sprinkler System | <input type="checkbox"/> Wet Chemical System  | <input type="checkbox"/> Dry Chemical System               |
| <input type="checkbox"/> Standpipe System | <input type="checkbox"/> Fire Pump            | <input type="checkbox"/> Fire Alarm & Communication System |
| <input type="checkbox"/> Foam System      | <input type="checkbox"/> Smoke Control System | <input type="checkbox"/> Private Water System (hydrants)   |

### Contractor

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ State License #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**THIS IS AN APPLICATION AND NOT A PERMIT TO OCCUPY THE BUILDING. A minimum of 48 hours notice is required when requesting an inspection. To arrange an inspection, please call (920) 832-6050 M-F 8:00 AM - 4:00 PM. Messages left will not constitute an inspection being scheduled.**

Applicant Signature: \_\_\_\_\_ Signed by: \_\_\_\_\_

Company: \_\_\_\_\_

Electronic copy of plans **must** be submitted via CD or email to [brian.schommer@grandchute.net](mailto:brian.schommer@grandchute.net)

**Total cost of permit: \$** \_\_\_\_\_

For Office Use Only	
Permit #: AT _____	Date Paid: _____ Payable To: Town of Grand Chute
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card	Total Received: \$ _____
Received By: _____	