



**Grand Chute Fire Department**

2250 Grand Chute Blvd  
 Grand Chute, WI 54913-7700  
[www.grandchutewi.gov](http://www.grandchutewi.gov)  
 Phone (920) 832-6050  
 Fax (920) 832-1606

**Acceptance Test Application (Page 1 of 2)**  
**Municipal Code: 291-4E**

**An Inspection Fee as prescribed in the Municipal Fee Schedule shall be paid with submittal of application. Payments are accepted by mail, in person, or over the phone with cash, check, or credit card (for a small convenience fee.) Checks should be made payable to "Town of Grand Chute." (Fee based on project size and type).**

In accordance with Grand Chute Municipal Code 291-4(E), the following new or significantly modified fire protection systems require an Acceptance Test.

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

Significant modification includes any work that requires State of Wisconsin Approval (Submittal Guidelines - [Fire Alarm Systems](#) and [Fire Suppression Systems](#)), most system alterations, and any replacements of the fire alarm control panel and/or the monitoring communications equipment. Simple replacements of the same components one-for-one for maintenance and repair purposes do not require an Acceptance Test. For questions about when an Acceptance Test is required, please contact Assistant Chief Kelly Hanink at [Kelly.Hanink@grandchutewi.gov](mailto:Kelly.Hanink@grandchutewi.gov) or 920-832-6050.

Provide one set of plans with the application. **Email is the preferred method of submission.** Send to [GCFDinfo@grandchutewi.gov](mailto:GCFDinfo@grandchutewi.gov). If email is not possible, you may mail to:

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

**Scheduling your inspection:** Contact Assistant Chief Kelly Hanink at (920) 832-6050 and request an Acceptance Test a minimum of **two working days (48 hours)** prior to your desired inspection date. Messages left will not constitute an acceptance test being scheduled. Upon completion of the acceptance test, final inspection records must be uploaded to The Compliance Engine ([www.thecomplianceengine.com](http://www.thecomplianceengine.com)).

**Application starts below and continues on next page.**

<p><b><u>System Type (check all that apply)</u></b></p> <p><input type="checkbox"/> Automatic Sprinkler System ~ 1 - 150 heads = \$ 85</p> <p><input type="checkbox"/> Automatic Sprinkler System ~ 151 - 300 heads = \$ 115</p> <p><input type="checkbox"/> Automatic Sprinkler System ~ 301 - 450 heads = \$ 145</p> <p><input type="checkbox"/> Automatic Sprinkler System ~ 451 - 600 heads = \$ 175</p> <p><input type="checkbox"/> Automatic Sprinkler System ~ Over 600 heads = \$ 200</p> <p><input type="checkbox"/> Fire Protection System Other Than Sprinkler = \$85</p>	<p><b><u>Type of Work</u></b></p> <p><input type="checkbox"/> New System</p> <p><input type="checkbox"/> Alterations</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Other: _____</p>
--	--

<b><u>Description of Work</u></b>		
Sprinkler System	Wet Chemical System	Dry Chemical System
Standpipe System	Fire Pump	Fire Alarm & Communication System
Foam System	Smoke Control System	Private Water System (hydrants)



**Grand Chute Fire Department**

2250 Grand Chute Blvd  
Grand Chute, WI 54913-7700  
[www.grandchutewi.gov](http://www.grandchutewi.gov)  
Phone (920) 832-6050  
Fax (920) 832-1606

**Acceptance Test Application (Page 2 of 2)**  
**Municipal Code: 291-4E**

Application Date: \_\_\_\_\_

Estimated Project Start Date: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

**Job Site**

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

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

Mailing Address (if different): \_\_\_\_\_

Business Primary Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Primary Contact Email: \_\_\_\_\_

**Contractor**

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

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**THIS IS AN APPLICATION AND NOT A PERMIT TO OCCUPY THE BUILDING.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Total Inspection Fee Due: \$ \_\_\_\_\_

**For Office Use Only**

Permit #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Total Rec'd: \$ \_\_\_\_\_

Check # \_\_\_\_\_  Cash  Credit Card Payment Rec'd By: \_\_\_\_\_