

For Office Use Only

Community Development Department

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Automatic Fire Sprinkler Contractor Requirements

spr	te to Contractors performing any automatice inkler work in the City of Wisconsin Rapids must tification(s):		
1)	Automatic Fire Sprinkler Contractor Number	er:	Expiration Date:
	Name of Holder:		
2)	State Contractor Certification Number:		Expiration Date:
	Name of Holder:		
No	CONTRACTORS FAILING TO POSSESS THE R WILL NOT BE ISSU Lite to Property Owners: If the owner of the pro- wever, a "Plumbing Affidavit" must be signed by	OPER A PERMIT, NO	e contractor, a license is not required;
the am on imp	erby affirm under penalty of perjury that I hold as work in which I am applying for a permit, and to subject to all applicable municipal and State couthe permit for which I am applying. I understant plied, on the state or municipality. I further underertification(s) required to perform the work for a der and may sign on their behalf.	that the above inforn des, statutes, and or nd that the issuance erstand that if I am	nation is true and correct. I understand that I rdinances governing the type of work indicated of a permit creates no legal liability, express or not the holder of the license(s), registration(s),
Ар	plicant (Sign):	Print:	Date: