



Somers Fire & Rescue Department
 Captain Joe Scruggs, Fire Inspector
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 (262) 620-3285

NEW CONSTRUCTION APPROVAL CHECKLIST

COMPANY INFORMATION	
Occupancy Name:	
Address:	
Telephone Number:	
E-mail:	
Date Construction Started:	
Owners:	

CHECKLIST		
<input type="checkbox"/>	Site Plan received and reviewed by FD	NA / Approved / Not Approved (circle one)
<input type="checkbox"/>	Sprinkler Plan received and reviewed by FSCI	NA / Approved / Not Approved (circle one)
<input type="checkbox"/>	Sprinkler Plan received and approved by FD	NA / Approved / Not Approved (circle one)
<input type="checkbox"/>	Sprinkler Final Inspection completed	NA / Approved / Not Approved (circle one)
<input type="checkbox"/>	Sprinkler Inspection Fees billed and received by FD	NA / Approved / Not Approved (circle one)
<input type="checkbox"/>	Alarm Plan received and reviewed by FSCI	NA / Approved / Not Approved (circle one)
<input type="checkbox"/>	Alarm Plan received and approved by FD	NA / Approved / Not Approved (circle one)
<input type="checkbox"/>	Alarm Final Inspection completed	NA / Approved / Not Approved (circle one)
<input type="checkbox"/>	Alarm Inspection Fees billed and received by FD	NA / Approved / Not Approved (circle one)
<input type="checkbox"/>	Hood System Plan received and reviewed by FSCI	NA / Approved / not Approved (circle one)
<input type="checkbox"/>	Hood System Plan received and approved by FD	NA / Approved / Not Approved (circle one)
<input type="checkbox"/>	Hood System Final Inspection completed	NA / Approved / Not Approved (circle one)

<input type="checkbox"/>	Hood System Inspection Fees billed and received by FD	NA / Approved / Not Approved (circle one)
<input type="checkbox"/>	Fire Pump Plan received and reviewed by FSCI	NA / Approved / Not Approved (circle one)
<input type="checkbox"/>	Fire Pump Plan received and approved by FD	NA / Approved / Not Approved (circle one)
<input type="checkbox"/>	Fire Pump Final Inspection completed	NA / Approved / Not Approved (circle one)
	Fire Pump Inspection Fees billed and received by FD	NA / Approved / Not Approved (circle one)
	KNOX BOX application provided to contractor	YES / NO
	KNOX BOX installed & keys secured	YES / NO
	Final Inspection performed by FD	PASS / FAIL
	Assembly Occupancy Capacity Sign placed and recorded	YES / NO Max Cap_____
	Final Occupancy granted	YES / NO Date: _____ Inspector: _____ Signature: _____