



Receipt #:	Permit #:	Date Received:
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## FIRE SPRINKLER/SUPPRESSION/ALARM APPLICATION

Submit one application for each building or structure. Please print or type. All sections must be completed.

1	Project Address:		
2	Scope (check which applies)	3	City/Village/Township:
<input type="checkbox"/> Fire Sprinkler		4	Parcel ID#:
<input type="checkbox"/> Fire Alarm		4	Has this project been submitted to the local Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Kitchen Hood Suppression		5	Fire Department:
<input type="checkbox"/> Alternative Systems		5	Date:
		6	Type of project: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Other
		7	Cost of work covered by this application: \$
8	Were these plans submitted as a result of an Adjudication Order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9	Description of Project:		
10	Property Owner:	Attention/Contact:	
Address:		City	State:
Phone:		Zip:	
Email:			
11	Applicant:	Attention/Contact:	
Address:		City	State:
Phone:		Zip:	
Email:			
12	Contractor:	Attention/Contact:	
Address:		City	State:
Phone:		Zip:	
Email:			
13	I hereby certify that I am the <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner		
and all information contained in this application is true, accurate, and complete to the best of my knowledge. I understand that the omission of reference to any provisions will not nullify any requirement, nor exempt any structure from such requirement of the Ohio Building Code. The owner and the designer identified on the plans and construction documents shall be responsible for the design, structure, safety, and maintenance of the structure per the requirements of the Ohio Building Code. The approval of the submitted application, plans, construction documents or any notations thereon, and issuance of this certificate shall not excuse the owner from complying with all rules and laws of the State and County, all of which are implied to be included herein and made a part thereof, all objections to same are hereby waived by the owner or owner's agent whose signature is hereto attached. I understand that all fees are non-refundable and non-transferable. All official correspondence in connection with this application should be sent to my attention at the address provided above in box 10 or 11.			
Print Applicant/Owner Name		Applicant/Owner Signature	
14	NUMBER OF DEVICES _____		
1 to 25 devices@\$150.00 Each device over 25@\$2.00 + State Surcharge 3% = Total Fee Due			

**THE AREA BELOW IS FOR OFFICIAL USE ONLY**

23	Intake Person / Date: / /			
Plan Review In: / /		Plan Review Out:		Reviewer:
Permit Specialist:	Whom contacted:		Method:	Date / /
Plan Review In: / /		Plan Review Out:		Reviewer:
Permit Specialist:	Whom contacted:		Method:	Date / /
Plan Review In: / /		Plan Review Out:		Reviewer:
Permit Specialist:	Whom contacted:		Method:	Date / /
Plan Review In: / /		Plan Review Out:		Reviewer:
Permit Specialist:	Whom contacted:		Method:	Date / /
Plan Review In: / /		Plan Review Out:		Reviewer:
Permit Specialist:	Whom contacted:		Method:	Date / /
Plan recommended for approval <input type="checkbox"/> Yes		Signature		Date / /
Plan Submittal Approved by:				Date / /
Notes:				