

# HAMILTON COUNTY, OHIO

## DEPARTMENT OF BUILDING INSPECTIONS

ROOM 801, 138 E. COURT STREET, CINTI OH., 45202

(513) 946-4550

(FAX) 946-4511

<b>FIRE PROTECTION SYSTEMS</b>
SPRINKLER SYSTEMS LIMITED AREA SYSTEMS HOOD SUPPRESSION SYSTEMS UNDERGROUND FIRE LINES FIRE ALARM SYSTEMS

<b>APPLICATION NO.</b>	
BLDG. REF. NO.	PLAN EXAMR

USE BALL POINT PEN OR TYPE

**PROJECT INFORMATION**

**1 PROJECT NAME:** \_\_\_\_\_ MALL / STRIP CENTER / BLDG. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ TOWNSHIP/MUNICIPALITY \_\_\_\_\_

2 NAME	STREET ADDRESS	CITY	ST	ZIP CODE	PHONE NO.
BUILDING OWNER					
TENANT					
MECH. CONTR.					
DESIGNER OF RECORD					
APPLICANT					
APPLICANT'S E-MAIL ADDRESS				FAX. NO.	

**3 PERMIT APPLICATION FOR:**

FIRE ALARM      
 BUILDING SPRINKLER      
 LIMITED AREA      
 HOOD F.S.S.      
 UNDER GROUND FIRE LINE

OTHER \_\_\_\_\_

**4 SUBMISSION:** IF SUBMITTED SEPARATELY FROM THE BUILDING PERMIT COMPLETE 4a THROUGH 4c

**4a.** BUILDING CONSTRUCTION TYPE \_\_\_\_\_ **4c.** PROJECT GROSS SQ. FOOTAGE \_\_\_\_\_

**4b.** BUILDING USE CLASSIFICATION \_\_\_\_\_

**5 TYPE OF WORK:** NEW       MODIFYING EXISTING       REPLACING EXISTING

DESCRIPTION \_\_\_\_\_

**6 ESTIMATED COST:** \_\_\_\_\_ **EST. START DATE:** \_\_\_\_\_ **EST. COMPLETION DATE:** \_\_\_\_\_

**7 TYPE OF SYSTEM:**

**A. HOOD SUPPRESSION SYSTEM:** NUMBER OF HOODS \_\_\_\_\_ DESIGNER NUMBER \_\_\_\_\_

**B. FIRE ALARM SYSTEM:** NUMBER OF ZONES \_\_\_\_\_ DESIGNER NUMBER \_\_\_\_\_

METHOD OF SUPERVISION: (CIRCLE ONE)      CENTRAL STATION      PROPRIETARY SYSTEM      REMOTE STATION      SUPERVISORY SERVICE

**C. SPRINKLER SYSTEM:** NO. OF HEADS \_\_\_\_\_ DESIGNER NUMBER \_\_\_\_\_ SPRINKLER / STANDPIPE DEMAND AT BASE OF RISER: \_\_\_\_\_ GPM @ \_\_\_\_\_ PSI

HAZARD OCCUPANCY: (CIRCLE ONE)      LIGHT      ORDINARY GROUP 1      ORDINARY GROUP 2      EXTRA GROUP 1      EXTRA GROUP 2      SPECIAL

DESIGN APPROACH: (CIRCLE ONE)      NFPA 13      NFPA 13R      NFPA 13D      NFPA 231      OTHER \_\_\_\_\_

METHOD OF SUPERVISION: (CIRCLE ONE)      CENTRAL STATION      PROPRIETARY SYSTEM      REMOTE STATION      SUPERVISORY SERVICE      LOCKED OPEN VALVES

The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the resolutions of the County of Hamilton, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with drawings and specifications submitted herewith, and certify that all of the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

**NOTE: FILING THIS APPLICATION DOES NOT CONSTITUTE PERMISSION TO BEGIN WORK.**

APPLICANT'S PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

**RECOMMENDS PLAN APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ CLARIFICATION MEMO  ITEMS \_\_\_\_\_

DATE PERMIT ISSUED \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_ TOTAL PERMIT FEE \_\_\_\_\_ LESS PRE-PAYMENT AMOUNT DUE \_\_\_\_\_