

# COMMERCIAL FIRE/SMOKE ALARM PERMIT APPLICATION

4 sets of Drawings Required



App. Number \_\_\_\_\_

## Property Information

Address \_\_\_\_\_ Lot \_\_\_\_\_  
 Parcel ID \_\_\_\_\_ Unit/Suite/Building \_\_\_\_\_ Zoning \_\_\_\_\_

## Owner Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

## Project Information

Project Name \_\_\_\_\_  
 Tenant Name \_\_\_\_\_  
 New Construction  Alter Existing   
 Building Addition  Repair/Replace Existing   
 Fire Detection/Alarm System Voltage  Low  Line

## Fees

Plan Review \$100.00  
 First Device \$100.00  
 Additional Devices @ \$1.00 each \$ \_\_\_\_\_  
 Total of Above \$ \_\_\_\_\_  
 State Fee (3 percent) \$ \_\_\_\_\_  
 Total Fees Due \$ \_\_\_\_\_

## Number of Devices to be Installed or Altered

Audible/Visual Alarms \_\_\_\_\_ Manual Pull Stations \_\_\_\_\_  
 Area Smoke Detection \_\_\_\_\_ Other Devices \_\_\_\_\_  
 Deduct Smoke Detectors \_\_\_\_\_ TOTAL NUMBER OF DEVICES \_\_\_\_\_

## Submission Requirements

Four sets of plan are required at the time of application.

- Layout
- Manufacturer's Specifications

## Office Use

Receipt/Trans. No. \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Date Entered \_\_\_\_\_  
 Date Issued \_\_\_\_\_

### APPROVALS

Inspector Initials \_\_\_\_\_  
 Date \_\_\_\_\_

## Contractor Information

Name \_\_\_\_\_ DBA \_\_\_\_\_ Registration No. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Signature \_\_\_\_\_ Owner  Authorized Agent   
 Company State Certification Number \_\_\_\_\_ State Installer Number \_\_\_\_\_

## FINAL INSPECTIONS REQUIRED

24-Hour Inspection Line:  
 614-277-1815 (Inspections must be called in before noon for next-day service.) You may also use the online inspection service as late as 8 p.m. seven days a week to schedule next-day inspections.

Expires December 31, 2015