

Grove City Building Division
4035 Broadway
Grove City, OH 43123
614-277-3075 (Phone)
614-277-3090 (Fax)
www.grovecityohio.gov

COMMERCIAL SPRINKLER PERMIT APPLICATION

4 Sets Of Drawings Required

Return by: Mail ___ E-mail ___ Fax ___ Pick-up ___



App. Number _____

Property Information

Address _____ Lot _____
Parcel ID _____ Unit/Suite//Building _____ Zoning _____

Project Information

All Information In This Section Must be Completed for Permit To Be Issued

Project Name _____ Tenant _____

New Construction ___ Alter Existing ___ Addition ___ Repair/Replace ___

Water Supply: Public ___ Private ___

Cost of Sprinkler System _____ Sprinkler Area (Sq Ft) _____

DESIGN STANDARD: NFPA Light ___ Ordinary ___ Extra Hazard ___
Hydraulically Designed System ___ Schedule System ___

Provide information on the following: (1) location and elevation of static and residual test gauge;
(2) flow location; (3) state pressure cap; (4) residual pressure cap; (5) flow gpm; (6) date; (7) time;
(8) test conducted by or information supplied by
Nearest fire station _____ miles Name of station _____

WATER SUPPLY

Is Supply Existing ___ Proposed ___
Is Underground Supply (other than lead-in): Dead Man ___ Circulating ___

City Water Main (flow test required)
Static Pressure _____ Cap Residual Pressure _____ Cap, at _____ gpm

PRESSURE TANK

_____ Gallons Water _____ Gallons Air _____ Cap Air Pressure
Related capacity _____ gpm Related Pressure _____ Cap

SPRINKLER DETAILS: Aisle Width _____ Fire Suppression Reg _____
Hazard Classification _____ Location _____
Sprinkler System Demand _____ Sprinkler System Type _____
Standpipe System Demand _____ Storage Height _____

Owner Information

Name _____
Address _____
City _____
State _____ ZIP _____
Phone _____
E-mail _____

Fees

Plan Review: Base fee = \$100.00
+ \$3.20 per 1,000 sq. ft. = \$ _____
Permit: Base fee = \$50.00
+ _____ heads at \$.70/head = \$ _____
Total of Above \$ _____
State Fee (3 percent) \$ _____
Total Fees Due \$ _____

Office Use

Receipt/Trans. No. _____
Check No. _____
Date Entered _____
Date Issued _____

APPROVALS

Plans Examiner _____
Date _____
Building Inspector _____
Date _____

Contractor Information

Contractor Name _____
DBA _____ Registration No. _____
Address _____ City _____
State _____ ZIP _____ Phone _____ Fax _____
E-mail _____
Signature _____ Owner ___ Agent ___

Underground piping must be shown and include a plot plan. Water supply curves and system requirements shall be plotted to present a graphic summary of complete hydraulic calculations.

**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.