



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

# COMMERCIAL FIRE/SMOKE ALARM PERMIT APPLICATION

Return form by:  Fax  Email  Pickup  Call

## PROPERTY INFORMATION

Address \_\_\_\_\_ *Grove City, OH 43123*  
 Parcel I.D. \_\_\_\_\_ Unit/Suite/Building \_\_\_\_\_ Zoning \_\_\_\_\_

## OWNER INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_

## 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 x \$1 | \$ | _____  |
| Subtotal                      | \$ | _____  |
| State Fee 3%                  | \$ | _____  |
| <b>Total Fees Due \$</b>      |    | _____  |

## NUMBER OF DEVICES TO BE INSTALLED/ALTERED

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

## SUBMITTAL REQUIREMENTS

**4 SETS OF PLANS ARE REQUIRED AT TIME OF APPLICATION**

- Layout
- Manufacturer's Specifications

## OFFICE USE

Receipt No. \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Date Entered \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Approved \_\_\_\_\_ Date \_\_\_\_\_

## CONTRACTOR INFORMATION

Registration No. \_\_\_\_\_  
 Contractor \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Signature \_\_\_\_\_  Owner  Agent

**FINAL INSPECTION REQUIRED: 614-277-3075**

Please call the Grove City Building Division to schedule three days prior, to allow time to coordinate with Jackson Township.