



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

COMMERCIAL SPRINKLER PERMIT APPLICATION

Permit No. _____

Method by which you would like your permit returned: Fax Email Pickup

PROPERTY INFORMATION

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

OWNER INFORMATION

Name _____ Phone _____
 Address _____ Email _____

PROJECT INFORMATION

Project Name _____

- New Construction Alter Existing
 Building Addition Repair/Replace Existing

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

WATER SUPPLY: Public Private

DESIGN STANDARD:

- NFPA Light Ordinary Extra Hazard
 Hydraulically Designed System Scheduled System

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

FEES

Plan Review: Base fee \$ 100.00
 \$3.20 per 1,000 sf (round up to the nearest 1,000 i.e. 1,001 sf = 2,000 sf)
 _____ sf x \$3.20 \$ _____
 Permit: Base fee \$ 50.00
 _____ Heads x 70¢ \$ _____
 Subtotal \$ _____
 State Fee 3% \$ _____
Total Fees Due \$ _____

SUBMITTAL REQUIREMENTS

- 4 Sets of Plans Required.
- 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 (a) Nearest fire station _____ miles, (b) Name of station _____
- Underground piping must be shown and a plot plan included. Water supply curves and system requirements shall be plotted to present a graphic summary of complete hydraulic calculations.

OFFICE USE

Receipt # _____
 Cash Card Check
 Ref. # _____
 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.