

**DELAWARE COUNTY
APPLICATION FOR FIRE PROTECTION PERMIT**

12/16/19

Date: _____ Permit Number: _____

Project Name: _____ Use Group: _____ Sq. Ft. _____
(must be completed)

Project Address: (as assigned by Map Department) _____

City/Village: _____ Zip Code: _____ Township: _____

Owner: _____ Phone Number: (____) _____

Address: _____ City, State: _____ Zip _____

Contractor: _____ Phone Number (____) _____

Address _____ City, State _____ Zip _____

Site Contact: _____ Phone Number (____) _____

Email _____

Describe Proposed System _____

Required Suppression System: _____ Yes _____ No System Demand _____

New Construction: _____ Alteration _____ Repair/Replacement _____

Fire Alarm System: _____ Yes _____ No Number of stations: _____ Existing _____ Proposed

Detectors: _____ Yes _____ No Number of detectors: _____ Existing _____ Proposed

Detector Types:

Audio/Visual: _____ Yes _____ No Fire Detection System: _____ Yes _____ No

Smoke Detectors _____ Heat Detectors _____ Fire Detectors _____

Smoke Control System _____ Yes _____ No

Certification: I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to the regulations and all applicable codes and laws of the State of Ohio and the County of Delaware, including the Department of Building Safety Virtual Inspection Program.

Signature of Owner/Agent _____ Print name here _____ Date _____
Ph: (____) _____

COMMERCIAL ONLY:

I hereby certify that by signing this, I understand the current state licensing requirements for all commercial specialty contractors as regulated by Ohio Construction Industry Examining Board.

Licensed: _____ Yes _____ No State License # _____

Signature of Contractor _____ Date: _____

(Commercial Specialty Contractors Only)