

**DELAWARE COUNTY
APPLICATION FOR FIRE SUPPRESSION PERMIT**

12/16/19

Date: _____ Permit Number: _____

Project Name: _____ Use Group: _____ Sq. Ft. _____

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: _____ GPM

Storage Configuration / Aisle Width: _____

Hazard Classification: Light ___ Ord. 1 ___ Ord. ___ 2 Ex. ___ 1 Ex. ___ 2 Other _____

New Construction _____ Alteration _____ Repair or replacement _____

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

Sprinklers: _____ Yes _____ No Number of heads: _____ Existing _____ Proposed

Standpipes: _____ Yes _____ No Number _____

Commercial Kitchen Hoods: _____ Yes _____ No Number of Heads Proposed _____

Spray Booths: _____ Yes _____ No Number of heads proposed _____

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 a d 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 or type name here

Date

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)