

**DELAWARE COUNTY**  
**APPLICATION FOR UNDERGROUND FIRE LINE PIPING**

12/16/19

Date: \_\_\_\_\_

Permit Number \_\_\_\_\_

Project Business Name: \_\_\_\_\_

Project Address: (as assigned by Map Department) \_\_\_\_\_

City/Village \_\_\_\_\_ Zip Code: \_\_\_\_\_ Township \_\_\_\_\_

Between: \_\_\_\_\_ and \_\_\_\_\_

**Owner:** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

**System Designer :** \_\_\_\_\_ Phone: Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: Number (\_\_\_\_) \_\_\_\_\_

**Underground Contractor:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**Site Contact:** \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

**Email** \_\_\_\_\_

**Items to be installed:**

PIV \_\_\_\_ F.D.C. \_\_\_\_ Hydrants \_\_\_\_ Thrust Blocks \_\_\_\_ Clamps \_\_\_\_ Restraint Straps for Tees \_\_\_\_

Bollard Protection: \_\_\_\_

**Type of Pipe:** \_\_\_\_\_ **Size of Pipe:** \_\_\_\_\_ **Length of Pipe:** \_\_\_\_\_

**Burial Depth** (to top of pipe): \_\_\_\_\_

**Brief description of work to be done and any storage:** \_\_\_\_\_

Certification: I hereby certify that the owner of record authorizes the proposed work 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 or type name here

(\_\_\_\_) \_\_\_\_\_  
Telephone:

**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)