

Fire Protection Systems Permit Application

Sprinkler Systems / Limited Area Systems
Hood Suppression Systems
Fire Alarm Systems

Date Received

Pen # _____
Permit # _____
Township _____
Village _____

Portage County Building Department
449 South Meridian Street Ravenna, Ohio 44266-1217
Phone (330) 297-3530 Fax (330) 297-3896

Applicant shall complete Parts 1 thru 3 (submit 4 sets of plans)

Part 1 General Information

Building Owner _____ Phone _____
Address _____

Part 2 Project Description

Application for: Fire Alarm _____ Sprinkler _____ Limited Area _____ Hood F.S.S. _____
Other _____

Submission: if submitted separately from the Building application, complete the following:
Building Construction Type _____ Building Use Group _____ Project Gross Sq. Ft. _____

Type of Work: New _____ Modifying Existing _____ Replacing Existing _____
Description _____

Type of System: Hood suppression system - number of hoods _____ Designer number _____
Fire Alarm System - number of zones _____ Designer number _____
Method of supervision: Central station _____ Proprietary system _____ Remote station _____ Supervisory service _____

Sprinkler System: No. of Heads _____ Designer number _____
Sprinkler / Standpipe demand at base of riser: _____ gpm @ _____ psi / _____ gpm @ _____ psi
Method of supervision: Central station _____ Proprietary system _____ Remote station _____ Supervisory service _____ Locked open Valves _____
Design Approach: NFPA 13 _____ NFPA 13R _____ NFPA13D _____ NFPA 231 _____ Other _____
Hazard Occupancy: Light _____ Ordinary Group 1 _____ Group 2 _____ Extra Group 1 _____ Group 2 _____ Special _____

Part 3 Applicant / Contractor

Name _____ Phone _____
Address _____
City _____ State _____ Zip _____

I hereby certify that the proposed work is authorized by the Owner of Record, that I am authorized to submit this application as his/her agent, and that I agree to conform to all applicable laws and rules of the State of Ohio and the resolutions of Portage County. Inspections shall be scheduled (24) hours in advance using voice mail (330) 297-3529.

Applicant Signature

Date

Fire Protection systems

Part 4 Fees (to be filled out by Dept. staff)

<u>Item</u>	<u>Application Fee</u>	<u>Unit Fee</u>	<u>Amount</u>
[] Fire Alarm System (Application fee is not refundable)	60.00	.50 / 100 gsf	\$ _____
[] Plan review invoice charges	_____ hours @ 75.00 / hr		\$ _____
[] Fire Sprinkler System	60.00	3.00 / 100 gsf	\$ _____
[] Minor repairs / installations (as determined by the CBO)		40.00	\$ _____
[] Hood Suppression		60.00 ea.	\$ _____
[] Re-inspections		40.00	\$ _____
[] Penalty Fee (work started prior to obtaining a permit)	Twice the normal fee		\$ _____
		Sub Total	\$ _____
		Add 3% percent per Senate Bill # 359	\$ _____
		TOTAL FEES	\$ _____

Note 1. Application fees are not refundable.
 Note 2. Area used to determine Unit Fee is calculated to include all levels of the building.
 Note 3. **Make checks payable to: Portage County Treasurer.**

PEN CK# _____ PEN RECEIPT# _____

PERMIT CK# _____ PERMIT RECEIPT# _____

Clerk _____ Date _____