CITY OF REYNOLDSBURG *Mayor Brad McCloud*

FIRE PROTECTION/SUPPRESION PERMIT

PLAN REVIEW #: _____ PERMIT #: _____ DATE ENTERED: _____

DESCRIPTION OF AREA COVERED: _____

TYPE OF SYSTEM: _____

RESIDENTIAL: ☐ ONE FAMILY ☐ TWO FAMILY ☐ THREE FAMILY ☐ ACCESSORY STRUCTURE ☐ DECK ☐ GARAGE

COMMERCIAL: ☐ FOUR OR MORE FAMILY ☐ BUSINESS ☐ EDUCATIONAL ☐ MERCANTILE ☐ STORAGE ☐ GROSS SQUARE FEET: _____ OTHER _____

TYPE OF INSTALL: ☐ NEW ☐ REPAIR/REPLACEMENT ☐ ADDITION/ALTERATION ☐ HOOD SUPRESSION

CONTRACTOR NAME: _____ PHONE NO: _____

CONTRACTOR ADDRESS: _____ FAX NO: _____

CONTACT PERSON: _____ EMAIL: _____

PERSON PREPARING PLANS: _____ PHONE NO: _____

E-MAIL: _____ FAX NO: _____

OWNER / TENANT: _____ PHONE NO: _____

ADDRESS: _____ FAX NO: _____

FIRE PROTECTION SIGNALING SYSTEM: ☐ MANUAL ☐ SPRINKLER WATERFLOW ☐ OTHER

AUTOMATIC FIRE DETECTION SYSTEM: ☐ SMOKE DETECTOR ☐ HEAT DETECTOR ☐ COMBINATION

Battery powered automatic household fire warning devices, fire detection and alarm systems in all occupancies, outlets, detectors, alarms, horns, audible signaling appliances, loudspeakers, manual fire alarm boxes or similar devices for detection and alarm systems.

0 – 100 Fixtures	Quantity _____	$ 40.00 Plus $1.50 Each _____
Over 1,000 Fixtures	Quantity _____	$ .75 Each Additional _____

FIRE SUPPRESSION SYSTEMS:

Stand Pipe	$ 100.00 X _____ =	_____
Aboveground Water Supply Piping	$ 100.00	_____
Underground Water Supply Piping	$ 50.00	_____
Installation of New Suppression/ Alteration of Existing System	75.00 + 2.00 for each sprinkler head	_____

FIRE PROTECTION SYSTEM MINIMUM, $50.00

FOUR (4) SETS OF BUILDING PLANS, $150.00 DEPOSIT REQUIRED AT TIME OF APPLICATION FOR COMMERCIAL PROJECTS

WORK STARTED BEFORE ISSUANCE OF THIS PERMIT IS SUBJECT TO A DOUBLE FEE

In consideration of permission granted, I/we agree to construct said work in all respects in conformity with the Laws of the State of Ohio, and all Ordinances of the City of Reynoldsburg relating thereto.

SUBTOTAL	_____
1% OBBS STATE FEE	_____
3% OBBS STATE FEE	_____
TOTAL AMOUNT PAID	_____

Signature of Applicant _____ Date _____ Registration # _____

7232 East Main Street • Reynoldsburg, Ohio 43068

Phone 614.322.6800 • Fax 614.322.6845 • www.ci.reynoldsburg.oh.us