

# LAKE COUNTY BUILDING DEPARTMENT

27 Woodland Road, Painesville, Ohio 44077

TEL: 440-350-2636 440-918-2636 FAX: 440-350-2660

## FIRE ALARM/FIRE SUPPRESSION/FIRE SPRINKLER PERMIT APPLICATION

**FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(A)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT AND A FINE OF \$1,000 OR BOTH.**

*By signing this application you and the entity you represent are agreeing to be obligated and pay for any additional review time and other fees associated with this project. You are further agreeing that failure to pay within 30 days of being billed may result in legal action and refusal of all future applications or permits until your account is brought current.*

DATE: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

ESTIMATED COST OF PROJECT: \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_

DESIGNER: \_\_\_\_\_ REG. OR CERT. NO: \_\_\_\_\_

DESIGNER PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

DESIGNER EMAIL: \_\_\_\_\_

APPLICANT'S NAME (Please Print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

APPLICANT'S COMPANY NAME: \_\_\_\_\_

SEE PAGE 2 TO COMPLETE FIRE PROTECTION CONTRACTOR INFORMATION

### FIRE ALARM

AUXILARY: \_\_\_\_\_ PROPRIETARY SUPERVISING SYSTEM: \_\_\_\_\_

CENTRAL STATION: \_\_\_\_\_ PROTECTED PREMISES (Local): \_\_\_\_\_

OTHER (Specify): \_\_\_\_\_ REMOTE SUPERVISING STATION: \_\_\_\_\_

### FIRE SPRINKLER

#### TYPE OF SYSTEM

WET SYSTEM \_\_\_\_\_

DRY SYSTEM \_\_\_\_\_

DELUGE SYSTEM \_\_\_\_\_

PRE-ACTION SYSTEM \_\_\_\_\_

ANTIFREEZE SYSTEM \_\_\_\_\_

LIMITED AREA SPRINKLER \_\_\_\_\_

STANDPIPE SYSTEM \_\_\_\_\_

OTHER (Specify) \_\_\_\_\_

#### SYSTEM DATA

NUMBER OF RISERS: \_\_\_\_\_

RISER LOCATION: \_\_\_\_\_

NUM. OF SPRINKLER HEADS: \_\_\_\_\_

NUM. OF DIFFERENT TYPE OF HEADS: \_\_\_\_\_

NUM. OF PROTECTED AREAS: \_\_\_\_\_

HAZARD CLASSIFICATIONS: \_\_\_\_\_

INSTALLED PER NFPA STANDARD (Specify): \_\_\_\_\_

### FIRE SUPPRESSION

NEW SYSTEM: \_\_\_\_\_ ALTERATION/RECONFIGURATION/ADDITION: \_\_\_\_\_

#### SYSTEM NFPA STANDARD

DRY CHEMICAL: \_\_\_\_\_ SYSTEM MANUFACTURER: \_\_\_\_\_

WET CHEMICAL: \_\_\_\_\_ NUMBER OF SUPPLY TANKS: \_\_\_\_\_

CARDON DIOXIDE: \_\_\_\_\_ OTHER: (Specify) \_\_\_\_\_

DATE: \_\_\_\_\_

**Pursuant to the 2011 Ohio Building Code, Section 106: 106.1.2(5), if you are submitting drawings to the Lake County Building Department for permits you must also immediately submit a set of drawings along with the fire department submittal form directly to the local fire department for review. Once the drawings have been submitted to the local fire department, the fire official will have one week to review the drawings and submit notification and any comments he/she may have regarding the drawings to the Lake County Building Department.**

**All submittals must include FOUR complete sets of drawings, including ALL SPECIFICATIONS. The name and address of author shall be plainly printed in the lower right hand corner of all plans or drawings. The proposed work must be done in accordance with approved plans, specifications, codes, and standards. Separate permits, which may be required for the proposed project, include building, electrical, HVAC, gas piping, fire alarm, fire sprinkler, hood suppression. Plumbing permits must be obtained from the Lake County General Health District, Tel: 440-350-2543.**

**It is the duty of the fire protection contractor to insure that all required inspections are scheduled and all work installed has been approved by the Lake County Building Department prior to proceeding to the next phase of construction. The fire protection contractor is responsible to obtain a FINAL inspection at the completion of the project.**

**This approval becomes null and void if work or construction authorized is not commenced within 12 months, or if construction or work is suspended or abandoned for a period of 180 consecutive days at any time after work has commenced.**

**I hereby certify that I have read and examined this application and that all information is true, accurate, and complete. All provisions of laws and resolutions governing this type of work will be complied with whether specified herein or not. I authorize the Lake County Building Department to enter this property for the purpose of site inspections for the duration of this project.**

FIRE PROTECTION CONTRACTOR'S SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

FIRE PROTECTION CONTRACTOR'S PRINTED NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

FIRE DEPT COMMENTS RECEIVED: \_\_\_\_\_ LOG NUMBER: \_\_\_\_\_

AMOUNT DUE: \_\_\_\_\_ CONTRACTOR NOTIFIED: \_\_\_\_\_