

LAKE COUNTY BUILDING DEPARTMENT

105 Main St, Bldg B Second Floor, Painesville, Ohio 44077

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

www.lakecountyohio.gov/building-inspection or lcdb@lakecountyohio.gov

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: _____

PLAN REVIEW SUBMISSION FEE OF \$60.00 DUE WITH APPLICATION. YOU WILL BE CONTACTED FOR PAYMENT.

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 (REFER TO BUILDING DEPT FEE SCHEDULE ONLINE FOR PERMIT COST)

AUXILARY: _____ PROPRIETARY SUPERVISING SYSTEM: _____

CENTRAL STATION: _____ PROTECTED PREMISES (Local): _____

OTHER (Specify): _____ REMOTE SUPERVISING STATION: _____

FIRE SPRINKLER (REFER TO BUILDING DEPT FEE SCHEDULE ONLINE FOR PERMIT COST)

TYPE OF SYSTEM

SYSTEM DATA

WET SYSTEM _____

NUMBER OF RISERS: _____

DRY SYSTEM _____

RISER LOCATION: _____

DELUGE SYSTEM _____

NUM. OF SPRINKLER HEADS: _____

PRE-ACTION SYSTEM _____

NUM. OF DIFFERENT TYPE OF HEADS: _____

ANTIFREEZE SYSTEM _____

NUM. OF PROTECTED AREAS: _____

LIMITED AREA SPRINKLER _____

HAZARD CLASSIFICATIONS: _____

STANDPIPE SYSTEM _____

INSTALLED PER NFPA STANDARD (Specify): _____

OTHER (Specify) _____

FIRE SUPPRESSION (REFER TO BUILDING DEPT FEE SCHEDULE ONLINE FOR PERMIT COST)

NEW SYSTEM: _____ ALTERATION/RECONFIGURATION/ADDITION: _____

SYSTEM NFPA STANDARD

DRY CHEMICAL: _____

SYSTEM MANUFACTURER: _____

WET CHEMICAL: _____

NUMBER OF SUPPLY TANKS: _____

CARBON DIOXIDE: _____

OTHER: (Specify) _____

DATE: _____

All documents must be submitted through our web site at www.lakecountyohio.gov/building-inspection (go to document submittal) or e-mail to lcdb@lakecountohio.gov.

Pursuant to the 2024 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 a complete set 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. A PLAN SUBMISSION FEE IN THE AMOUNT OF \$60.00 IS DUE WHEN PLANS ARE SUBMITTED.

It is the duty of the fire protection contractor to insure 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.

Please refer our fee schedule at www.lakecountyohio.gov/building-inspection/ for a list of our permit costs.

FIRE PROTECTION CONTRACTOR'S SIGNATURE: _____ TITLE: _____

FIRE PROTECTION CONTRACTOR'S PRINTED NAME: _____

BUSINESS ADDRESS: _____

DAYTIME PHONE NUMBER: _____ EMAIL: _____

FOR OFFICE USE ONLY

FIRE DEPT COMMENTS RECEIVED: _____ LOG NUMBER: _____

AMOUNT DUE: _____ CONTRACTOR NOTIFIED: _____

Revised 12-2026