

**DELAWARE COUNTY  
APPLICATION FOR FIRE SUPPRESSION PERMIT**

01/06/06

Date: \_\_\_\_\_ Application Number: \_\_\_\_\_

Project Name: \_\_\_\_\_ Use Group: \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

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

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

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

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

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

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

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Describe Proposed System: \_\_\_\_\_

Required Suppression System: \_\_\_\_\_ Yes \_\_\_\_\_ No System Demand: \_\_\_\_\_ GPM

Storage Configuration / Aisle Width: \_\_\_\_\_

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Hazard Classification: Light \_\_\_ Ord. 1 \_\_\_ Ord. \_\_\_ 2 Ex. \_\_\_ 1 Ex. \_\_\_ 2 Other \_\_\_\_\_

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New Construction \_\_\_\_\_ Alteration \_\_\_\_\_ Repair or replacement \_\_\_\_\_

Fire Alarm System: \_\_\_\_\_ Yes \_\_\_\_\_ No Number of stations: \_\_\_\_\_ Existing \_\_\_\_\_ Proposed

Sprinklers: \_\_\_\_\_ Yes \_\_\_\_\_ No Number of heads: \_\_\_\_\_ Existing \_\_\_\_\_ Proposed

Standpipes: \_\_\_\_\_ Yes \_\_\_\_\_ No Number \_\_\_\_\_

Commercial Kitchen Hoods: \_\_\_\_\_ Yes \_\_\_\_\_ No Number of Heads Proposed \_\_\_\_\_

Spray Booths: \_\_\_\_\_ Yes \_\_\_\_\_ No Number of heads proposed \_\_\_\_\_

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Certification; I hereby certify that the proposed work is authorized by the owner of record 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.

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Signature of Owner/Agent

Print or type name here

Date

**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)