



Building Department  
7900 Fitch Road, Olmsted Township, OH 44138  
Phone Number: 440-235-4225  
building@olmstedtownship.org

## Fire Suppression System Permit Application

**Project Address:**

**Parcel Number:**

**Project Scope:**  New System  System Alteration  System Addition  
 Component Replacement

**Project Description:**

**Construction Type Per Ohio Building Code:**

Type I		Type II		Type III		Type IV				Type V	
A	B	A	B	A	B	A	B	C	HT	A	B
<input type="checkbox"/>											

**Proposed Use Per Ohio Building Code:**

<input type="checkbox"/> A-1 Assembly	<input type="checkbox"/> A-2 Assembly	<input type="checkbox"/> A-3 Assembly	<input type="checkbox"/> A-4 Assembly
<input type="checkbox"/> A-5 Assembly	<input type="checkbox"/> B Business	<input type="checkbox"/> E Educational	<input type="checkbox"/> F-1 Factory/Industrial
<input type="checkbox"/> F-2 Factory/Industrial	<input type="checkbox"/> H-1 High Hazard	<input type="checkbox"/> H-2 High Hazard	<input type="checkbox"/> H-3 High Hazard
<input type="checkbox"/> H-4 High Hazard	<input type="checkbox"/> H-5 High Hazard	<input type="checkbox"/> I-1 Institutional	<input type="checkbox"/> I-2 Institutional
<input type="checkbox"/> I-3 Institutional	<input type="checkbox"/> I-4 Institutional	<input type="checkbox"/> M Mercantile	<input type="checkbox"/> R-1 Residential
<input type="checkbox"/> R-2 Residential	<input type="checkbox"/> R-3 Residential	<input type="checkbox"/> R-4 Residential	<input type="checkbox"/> S-1 Storage
<input type="checkbox"/> S-2 Storage	<input type="checkbox"/> U Utility/Misc		

**Property Owner Name:**

**Mailing Address:**

**Phone Number:**

**E-mail Address:**

**Occupant Load:**

**Estimated Cost of Construction:**

**Designer of Record:**

**Ohio OBBS Designer Number:**

**Ohio Architect Registration Number:**

**Ohio PE Registration Number:**

<b>Contractor Name:</b>	
<b>Mailing Address:</b>	
<b>Phone Number:</b>	<b>E-mail Address:</b>
<b>Ohio Fire Protection Company License Number:</b>	53:
<b>Ohio Fire Protection Individual License Number:</b>	54:

<b>Existing Auto Sprinkler System:</b>	<input type="checkbox"/> NFPA 13	<input type="checkbox"/> NFPA 13R	<input type="checkbox"/> NFPA 13D	<input type="checkbox"/> N/A
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**Proposed Type of Suppression System:**

<input type="checkbox"/> NFPA 17A	<input type="checkbox"/> NFPA 12A
<input type="checkbox"/> NFPA 17	<input type="checkbox"/> NFPA 2001
<input type="checkbox"/> NFPA 11	<input type="checkbox"/> Auto Water Mist (OBC904.11)
<input type="checkbox"/> NFPA 12	<input type="checkbox"/> NFPA 2010

I am the property owner of record, or I have received authorization from the property owner to complete this application. All work performed under this building permit application will be in compliance with the resolutions of Olmsted Township and all applicable laws; work will be completed by the owner or registered contractors with Olmsted Township. I hereby certify that I agree with the terms listed above and that all information contained in this application is true, accurate and complete to the best of my knowledge.

<b>Applicant Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	<b>Email:</b>

**Applicant is:**  Owner  Contractor  Other (*Additional information and authorization required*)

**Please submit project drawings and application electronically to:** [building@olmstedtownship.org](mailto:building@olmstedtownship.org)