



Fire Protection System Permit Application (2016) Date Stamp

Fire Suppression/Fire Alarm/Hood Suppression

CITY OF FAIRBORN Building Inspection Division 44 W. Hebble Ave • Fairborn, OH 45324

Phone 937-754-3050 • Fax 937-754-3051 • Email: marie.gay@ci.fairborn.oh.us

Project Address _____

Lot # _____ Parcel ID # _____ Subdivision _____

Zoning District _____

Owner Name _____ Phone _____

Address _____ Alternate Phone _____

City, State and Zip Code _____

System Designer _____

Installer _____

Address _____

Address _____

City, State, Zip Code _____

City, State, Zip Code _____

Phone _____

Phone _____

E-Mail _____

E-Mail _____

Certification # _____

Certification # _____

PROJECT DESCRIPTION _____

OBC REQUIREMENTS (Commercial Construction)

Use Group _____

Mixed Use _____

Construction Type _____

Occupant Load _____

SYSTEM REQUIREMENTS

Hazard Classification _____

Gross Floor Area _____

Number of Stories _____

Construction Cost \$ _____

APPLICANT AGREEMENT AND SIGNATURE

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all City Ordinances and State Laws regulating zoning and building construction, electric installation and/or heating and air conditioning installation. I agree to comply with approved drawings and keep approved drawings on the job site. I understand that any deviation from the approved plans must be authorized by the approval of the revised plans, subject to the same procedure established for the examination of the original plans, and that an additional fee may be charged, predicated on the extent of the variation from the original plans. I also acknowledge I am the property owner, or am authorized to act as the owner's agent in obtaining this permit. I acknowledge that permits with no inspection activity for 6 months shall be expired. Subsequent inspections will not be performed until permit has been renewed and payment of any additional fees has been completed. I understand that it is the responsibility of the owner/owner agent to call for all required inspections and that 24 hours notice is required for all inspections.

Signature _____

Printed Name _____

Date _____

FOR OFFICE USE ONLY FEES:

Building	_____
3% State Surcharge (Commercial)	_____
Plan Review (# hours _____)	_____
Plan Delivery	_____
Other, _____	_____
Other, _____	_____
TOTAL	_____

DATE APPLICANT CONTACTED: _____