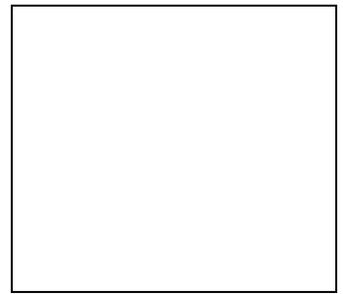


# FIRE PROTECTION SYSTEMS PERMIT APPLICATION

Portage County Building Department  
449 S. Meridian Street, P O Box 1217, Ravenna, OH 44266  
Phone: 330-297-3530 Fax: 330-297-3896  
Website: www.co.portage.oh.us



Permit # \_\_\_\_\_ Township/Village \_\_\_\_\_

PE# \_\_\_\_\_

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Project Name \_\_\_\_\_

Site Address \_\_\_\_\_ Twp/Village \_\_\_\_\_

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Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Contractor Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ (Print Name) \_\_\_\_\_

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**Application For:**  Fire Alarm  Sprinkler  Limited Area  Hood Suppression  Other (Explain) \_\_\_\_\_

**Submission:** If submitted separately from the Building Application, complete the following:

Building Construction Type \_\_\_\_\_ Building Use Group \_\_\_\_\_ Project Gross Sq Ft \_\_\_\_\_

**Type of Work:**  New  Modifying Existing  Replacing Existing

Description: \_\_\_\_\_

**Type of System:** Hood Suppression System – (number of hoods) \_\_\_\_\_ Designer Number \_\_\_\_\_

Fire Alarm System – (number of zones) \_\_\_\_\_ Designer Number \_\_\_\_\_

**Method of Supervision:**  Central Station  Proprietary System  Remote Station  Supervisory Service

**Sprinkler System:** No. of Heads \_\_\_\_\_ Designer Number \_\_\_\_\_

Sprinkler / Standpipe demand at base of riser: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi / \_\_\_\_\_ gpm @ \_\_\_\_\_ psi

Method of supervision: Central Station\_\_\_\_Proprietary System\_\_\_\_Remote Station\_\_\_\_Supervisory Station\_\_\_\_  
Locked Open Valves\_\_\_\_

Design Approach:  NFPA 13  NFPA 13R  NFPA 13D  NFPA 231  Other\_\_\_\_\_

Hazard Occupancy:  Light  Ordinary Group 1  Group 2  Extra Group 1  Group 2  Special

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**Fire Protection Fees: All fees are non-refundable**

<input type="checkbox"/> Fire Alarm System	\$60.00 + .50 per 100 sq ft	\$ _____
<input type="checkbox"/> Fire Sprinkler System	\$60.00 + 3.00 per 100 sq ft	\$ _____
<input type="checkbox"/> Plan Review Invoice Charges	_____ hours @ 75.00/hr	\$ _____
<input type="checkbox"/> Minor Repairs / Installation	\$40.00	\$ _____
<input type="checkbox"/> Hood Suppression System	\$60.00 ea.	\$ _____
<input type="checkbox"/> Re-Inspection	\$40.00	\$ _____
<input type="checkbox"/> Penalty Fee	Twice the Scheduled Fee	\$ _____
	<b>Sub Total</b>	\$ _____
	<b>Add 3% per S.B. 3 359</b>	\$ _____
	<b>Total Fee Due</b>	\$ _____

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**Make checks payable to: Portage County Treasurer**

CK# \_\_\_\_\_

RN# \_\_\_\_\_

