



# APPLICATION FOR FIRE PROTECTION/SUPPRESSION BUILDING PERMIT

360 South Yearling Road, Whitehall, Ohio 43213

(Phone) 614-237-8612 (Fax) 614-338-3119 www.whitehall-oh.us

Application #: \_\_\_\_\_ Date & Time: \_\_\_\_\_

**5 sets of structural plans & \$100 non-refundable application fee are required at the time of submittal.**

### Project Address

	Whitehall	Ohio	43213
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Parcel #	(Business) Name

Owner's Name	Owner's Address	City	State	Zip

Owner's Phone	Owner's E-mail

Contractor's Business Name	<input type="checkbox"/> N/A	Contractor's Business Address	City	State	Zip

Contractor's Phone	Contractor's E-mail

Design Professional's Name	Design Professional's Address	City	State	Zip

Design Professional's Phone	Design Professional's E-mail

### FIRE SUPPRESSION

Sprinkler     Hood Suppression     Limited area

Type of system:     Wet     Dry     Antifreeze     Chemical     Other \_\_\_\_\_

Number of heads: \_\_\_\_\_    Number of standpipes: \_\_\_\_\_    Number of risers: \_\_\_\_\_

### FIRE ALARM

Alarm System:     YES     NO    Number of devices: \_\_\_\_\_

Type of system:     Central Station     Local     Proprietary     Remote Station  
 Security     Smoke Detector     Other \_\_\_\_\_

Describe project: \_\_\_\_\_

COST OF PROJECT \$ \_\_\_\_\_



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**CERTIFICATION** (read all sections, sign, date and attach any drawings and/or supporting documents)

All permits shall expire one year from the date of issue. A one-time renewal shall be permitted if the original permit has not expired. I fully understand that no excavation, construction, structural alteration, electrical or mechanical installation or alteration of any building, structure, sign, or part thereof and no use of the above shall be undertaken or performed until the permit applied for herein has been approved and issued by the City of Whitehall Building/Zoning Department.

I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to submit this application and attachments as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s).

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

\_\_\_\_\_  
Applicant Signature Please Print Clearly Date

*This application is subject to review. You will be contacted when the review is completed.*

## STOP – OFFICE USE ONLY

Fire suppression fee	\$
Fire alarm fee	\$
Number of devices _____ x \$3.00	\$
Number of heads _____ X \$2.00	\$
Application fee	\$
Commercial plan review	\$
1% (residential) or 3% (commercial) of above fees	\$
Plan review delivery fee	\$
<b>TOTAL FEES</b>	<b>\$</b>

(check, money order and cash only)

APPROVED     
  DISAPPROVED, LETTER ATTACHED     
  CONDITIONAL APPROVAL, LETTER ATTACHED

Chief Building Official: \_\_\_\_\_ Date: \_\_\_\_\_