



Fire Suppression / Fire Alarm

Application for Plan Review and Permit

132 North Elmwood Ave., Medina, Ohio 44256
Telephone 330-722-9030 Fax 330- 764-4385 www.medinaoh.org



PLAN REVIEW NO. _____

Please Type or Print Clearly

LOCATION _____

NAME OF PROJECT _____

OWNER _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____ E-MAIL _____

TYPE OF IMPROVEMENT: _____ NEW BUILDING _____ ADDITION _____ ALTERATION _____ CHANGE OF USE

USE GROUP: A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4
(circle all appropriate)

H-5 I-1 I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U

CONSTRUCTION TYPE: I-A I-B II-A II-B III-A III-B IV V-A V-B
(circle all appropriate)

BUILDING SIZE: _____ s.f. **SIZE COVERED BY SUPPRESSION OR ALARM SYSTEM:** _____ s.f.

TYPE OF SYSTEM BEING INSTALLED: WET PIPE _____ DRY PIPE _____ PREACTION _____ DELUGE _____ LTD. AREA _____
COMBINED DRY PIPE – PREACTION _____ ANTIFREEZE _____ CIRCULATING CLOSED LOOP _____ SMOKE CONTROL _____
HOOD SUPPRESSION _____ OTHER (SPECIFY) _____

FIRE ALARM AND DETECTION SYSTEM: Manual and/or Automatic _____ Sprinkler Monitoring and Alarm _____
(circle all appropriate)

OCCUPANCY HAZARD CLASSIFICATION: Low-Hazard Occupancy _____ Moderate-Hazard Occupancy _____
High-Hazard Group _____ Multiple-Hazard Group _____

SUBMITTERS INFORMATION: NAME _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____ REG. NO. _____ E-MAIL _____

SYSTEM DESIGNED BY _____

STATE FIRE MARSHAL # _____ EXPIRATION DATE _____

INSTALLATION CONTRACTOR: (If different from submitter)

NAME _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE _____ REG. NO. _____ E-MAIL _____

STATE FIRE MARSHAL # _____ EXPIRATION DATE _____

UNDERGROUND WATER SUPPLY CONTRACTOR:

NAME _____
ADDRESS _____ CITY _____ STATE _____
ZIP _____ PHONE _____ REG. # _____ E-MAIL _____
STATE MARSHAL # _____ EXPIRATION DATE _____

SUBMITTAL PROCESS:

2 SETS OF PLANS AND DOCUMENTS ARE REQUIRED AND MUST INCLUDE THE FOLLOWING:

1. SYSTEM DRAWINGS
2. HYDRAULIC CALCULATIONS
3. COPY OF CURRENT STATE FIRE MARSHALS CERTIFICATE FOR:
 - SYSTEM DESIGNER
 - INSTALLATION CONTRACTOR
 - UNDERGROUND INSTALLATION CONTRACTOR
 - FIELD PERSONNEL ASSIGNED TO PROJECT

SUBMIT TO ► MEDINA CITY BUILDING DEPARTMENT BUILDING OFFICIAL
132 N. ELMWOOD AVE.
MEDINA, OHIO 44256 PHONE 330-725-0521 FAX 330-764-4385

ALLOW MINIMUM OF 2 WEEKS FOR PLAN REVIEW

ACCEPTANCE TESTING:

INSTALLATION INSPECTIONS – **CONTACT:** BUILDING DEPARTMENT (330-722-9030) ALLOW 24 HOUR NOTICE

TESTING ACCEPTANCE INSPECTIONS (UNDERGROUND, SUPPRESSION, HOOD, ALARM, ETC.) **CONTACT:**

FIRE DEPARTMENT (330-725-1772) ALLOW 48 HOUR NOTICE

YOU MUST HAVE ON THE JOB SITE: COPY OF APPROVED PLANS
HYDRAULIC CALCULATIONS
TEST CERTIFICATE (S) – ABOVE GROUND CERTIFICATE OR UNDERGROUND CERTIFICATE

ON-SITE PERSONNEL **MUST HAVE ON THEIR PERSON** ALL REQUIRED STATE CERTIFICATES

FINAL INSPECTIONS – **CONTACT:** BUILDING DEPARTMENT

FIRE DEPARTMENT - COPY OF NFPA 25 FOR BUILDING OWNER AND, COPY OF THE APPROVED, OR AS-BUILT APPROVED PLANS FOR BUILDING OWNER.

F E E S

SUPPRESSION SYSTEMS: \$75.00 BASE + \$2.00 per 100 s.f.
HOOD SYSTEMS AND FIRE ALARM SYSTEMS: \$75.00 BASE ONLY
PLAN REVIEW: \$90.00/hr. or portion of an hour. (MCO 38-05 Passed 2-14-05)
 3% BBS FEE

BASE FEE	\$
\$2.00 per 100 s.f.	\$
PLAN REVIEW FEE	\$
3% BBS FEE	\$
TOTAL	\$

APPLICANTS SIGNATURE _____

DATE _____

PERMIT NO **F** _____

Permission is hereby granted for the installation of the **Fire Alarm** and/or **Fire Suppression** systems herein described in conformity with plans and specifications on file with the Office of Building Official. Acceptance of this permit constitutes an agreement on the part of the applicant to abide by all conditions described within this permit, the ordinances of the City of Medina, and the laws of the State of Ohio, relating to the work being authorized. All required inspections shall be requested in a timely manner.

ISSUED BY _____ DATE _____
(Building Official)