



BUILDING STANDARDS  
5800 Shier-Rings Road, Dublin OH 43016  
Phone 614.410.4670 Inspection Line 614.410.4680  
Washington Township Fire Department 614.652.3920

**FIRE PROTECTION PERMIT APPLICATION**

Application Date \_\_\_\_\_ Bldg. App. # \_\_\_\_\_ Fire Protection App. # \_\_\_\_\_

**PROJECT INFORMATION**

Project Address \_\_\_\_\_ Project Name \_\_\_\_\_  
Owner/Tenant Contact Name \_\_\_\_\_ Telephone # \_\_\_\_\_

**APPLICANT INFORMATION**

Fire Protection Contractor \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
State Certificate Number \_\_\_\_\_ Dublin Registration # \_\_\_\_\_  
Installer Name \_\_\_\_\_ State Certification # \_\_\_\_\_

**SCOPE OF WORK**

(Mark One) New \_\_\_\_\_ Replace \_\_\_\_\_ Repair \_\_\_\_\_ Alteration \_\_\_\_\_

FIRE DETECTION AND ALARM SYSTEM (Number of Each)

Detectors \_\_\_\_\_ Strobes \_\_\_\_\_ Horns \_\_\_\_\_ Fire Alarm Boxes \_\_\_\_\_ Other \_\_\_\_\_

SUPPRESSION SYSTEM (Number of Each)

Standpipes \_\_\_\_\_ On Site Water Piping \_\_\_\_\_ Sprinkler Heads \_\_\_\_\_ Limited Area \_\_\_\_\_ Other \_\_\_\_\_

**FEES**

FIRE DETECTION OR SUPPRESSION PERMIT PROCESSING FEE **\$165.00**  
LOW VOLTAGE PERMIT (DETECTION ONLY) \$30.00 MINIMUM FEE  
PLUS \$20.00 EACH 1,000 SQ. FT. OR FRACTION THEREOF OVER  
1,000 SQ. FT. \_\_\_\_\_  
OUTSIDE PLAN REVIEW SERVICES \$60.00 PER HOUR \_\_\_\_\_  
STATE SURCHARGE 3% \_\_\_\_\_  
REVISION FEE \_\_\_\_\_  
TOTAL FEE DUE \_\_\_\_\_

This permit is granted on the express condition that said work shall in all respects, conform to the ordinances of the City of Dublin and all laws of the State of Ohio regulating construction, installation, repair and alteration, and may be revoked at any time upon violation of any provisions of said laws. This permit conveys no right to open any street, alley or sidewalk or any part thereof, nor to make any connection to a water main.

Signature of Licensed Contractor \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Review Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fire Department: \_\_\_\_\_ Date \_\_\_\_\_  
Plans Examiner: \_\_\_\_\_ Date \_\_\_\_\_  
Issued by CBO: \_\_\_\_\_ Date \_\_\_\_\_