



DEPARTMENT OF BUILDING AND ZONING SERVICES

Application No.:

Official Use Only

Fire Alarm Permit Application

111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-6090 • www.bzs.columbus.gov

ALL FEES ARE NON-REFUNDABLE • Make checks payable to the Columbus City Treasurer

TYPE OF STRUCTURE:

Date:

1-3 Family Dwelling 4 or more Family Dwg; Total # of Units in Bldg: Commercial

TYPE OF WORK:

Revision to Fire Alarm Permit#: Removal Start; Related App#:
Addition Alteration New Construction Minor Repair/Replace; Plans Examiner Approval Req'd:

Building Permit/Plan Review#: Additional Inspections Requested:

JOB SITE INFORMATION:

Certified Address Zip Unit/Space/Floor Tax District/Parcel Number
if applicable

Building Use: Tenant Name:

Description/Scope of Work:

Table with columns for Fire Alarm Devices, Mechanical Devices, and Total No. of Devices. Includes sub-columns for various device types like A/V Units, Egress Control, Electric Strikes, etc.

PROPERTY OWNER OF RECORD:

Name Street Address City, State, Zip

Telephone Number/Ext. Fax Number E-Mail Address

CONTRACTOR:

City of Columbus Fire Protection Company Registration No. Company Name

City of Columbus Fire Certified Installer Registration No. Certified Installer Name

Telephone Number/Ext. Fax Number E-Mail Address of Project Manager

Would you like to submit payment online? Yes* No

If payment will be made through a SOFT Account, please provide the following:

SOFT Account# / PIN SOFT Account Authorized Signature

PLEASE NOTE: Incomplete information will result in the rejection of this submittal.
*Payment instructions will be sent to the contractor's email.

Fire Alarm Application Requirements

111 N Front Street, Columbus, Ohio 43215
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The following must be submitted with this application:

- City of Columbus, Department of Building & Zoning Services Fire Alarm Permit Fee

- Four (4) copies of complete fire alarm drawings that include:
 - To-scale floor plans with room uses
 - Description of the system, sequence of operation, and cut-sheets of equipment

- Drawings shall bear the signature & identification number of an Ohio Certified Sprinkler System Designer or the seal of the Ohio Registered Architect or Engineer who designed the system per the Ohio Building Code.

- One (1) separate set of drawings as described above for the Columbus Division of Fire, Fire Prevention Bureau.
NOTE: This is not required for limited area sprinkler systems

- Completed Division of Fire Alarm/Suppression Permit Application & Fire Department Fee.

NOTE: A separate set of drawings, Division of Fire Alarm/Suppression Permit Application, and Fire Department Fee **will not** be required for scopes of work involving nine (9) or less devices with **NO** change of use, hazard classification, or change of main panel.

To view the current Department of Building & Zoning Services Fee Schedule, please click the link below

<http://columbus.gov/WorkArea/linkit.aspx?LinkIdIdentifier=id&ItemID=53049>

To obtain applications and fee schedules for the Columbus Division of Fire, Fire Prevention Bureau, please visit the Fire Department's page at:

<http://columbus.gov/HomeCFD/>



Fire Prevention Bureau

Fire Alarm/Suppression Permit Application

3639 Parsons Avenue, Columbus, Ohio 43207

Phone: 614-645-7641

ALL FEES ARE NON-REFUNDABLE • Please type or print all information

Official Use Only: Application No.: _____ Payment Amount: _____

JOB SITE INFORMATION:

 Certified Address Zip Unit/Space/Floor (if applicable) Tax District/Parcel Number

Building Use: _____ Tenant Name: _____

TYPE OF WORK:

Change of Use **Y** **N** FACP Replacement **Y** **N** Change of Hazard Class **Y** **N**

Fire Alarm Devices	A/V Units	Egress Control Devices	Electric Strikes	Elevator Recall	Fire Shutters	Hold Open Devices	Manual Pull Station	Smoke Heat Detectors	Sprinkler Flow Alarm	Sprinkler Tamper Devices	Other:	Total No. of Devices
No. of Devices												

Mechanical Devices	Smoke Control System	Duct Detectors	Smoke Dampers	Hood/Suppression Alarm	Clean Agent/Suppression Alarm	Other:	Total No. of Devices
No. of Devices							

Sprinkler/Standpipe Systems	No. of Units
Limited Area Sprinkler Heads	
Standpipes	
Sprinkler Heads	
Limited Scope - Describe Work:	

Suppression Systems	No. of Pounds	No. of Systems
Wet Chemical		
Dry Chemical		
Clean Agent		
Other:		

PROPERTY OWNER OF RECORD:

 Name Street Address City, State, Zip

 Telephone Number/Ext. Fax Number E-Mail Address

CONTRACTOR:

 Company/Contractor Name Contact Name

 Street Address City, State, Zip

 Telephone Number/Ext. Fax Number E-Mail Address

NOTES:

- One (1) inspection per Plans Review Fee; Additional Inspections: \$125.00 Each
- Cancellations: You must notify Fire Prevention Bureau Plan Review staff at 614-645-8673 prior to 8:00 a.m. the day of the inspection or a \$125.00 fee will be assessed
- Refer to the Plans Review Fee Schedule for pricing information