



## Fire Suppression Application Requirements

111 n Front Street, Columbus, Ohio 43215  
Phone: 614-645-6090 • Fax: 614-645-0082 • www.bzs.columbus.gov

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### The following must be submitted with this application:

- City of Columbus, Dept. of Building & Zoning Services Fire Suppression Permit Fee
  
- Four (4) copies of complete fire suppression drawings that include:
  - To-scale floor plans with room uses
  - Description of the system, sequence of operation, and cut-sheets of equipment**NOTE:** For limited area sprinkler systems, only three copies of complete drawings are needed.
  
- 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.
  
- 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 the following scopes of work:

- Limited area sprinkler systems
- Alterations involving nineteen (19) or less sprinklers where there is no change of use or hazard classification.

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

<http://columbus.gov/WorkArea/linkit.aspx?LinkIdentifier=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