



Fire Alarm Permit Application

DEPARTMENT OF BUILDING
AND ZONING SERVICES

111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-7433 • www.bzs.columbus.gov

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

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

Is this submittal a revision to approved plans? Y N If Y, Provide Permit Number: _____

Is an Advance Construction Start being requested? Y N If Y, Associated Application #: _____

Is this request for a Minor Repair/Replace Permit? Y N Plans Examiner Approval: _____

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: _____

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

PROPERTY OWNER OF RECORD:

Name Street Address City, State, Zip

Telephone Number Extension 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 Extension E-Mail Address of Project Manager

Would you like to submit payment online? Yes** No

***Fire Department review required.**

****Payment instructions will be sent to the contractor's email.**

PLEASE NOTE: Incomplete information will result in the rejection of this submittal.



Fire Alarm Permit Submittal Requirements

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The following must be submitted with this application:

- Department of Building & Zoning Services Fire Alarm or Fire Suppression Permit Fee
- Division of Fire Fee*
- Two (2) copies of complete fire alarm that include:
 - To-scale floor plans with every room/space use labeled
 - Description of system, sequence of operations matrix, cut-sheets of equipment and battery calcs
 - Drawings shall bear the signature & identification number of an Ohio Certified Alarm 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: A separate set of drawings and Division of Fire Fee **will not** be required for scopes of work that meet **all** of the following criteria:

- Existing system
- Fire Alarm work involving nine (9) or less devices
- No change of use, hazard classification or occupancy
- Work does not include FACP replacement

***Fire Department review required.**

The Department of Building & Zoning Services and Columbus Division of Fire, Fire Prevention Bureau fee schedules can be obtained by visting columbus.gov/bzsdocs & columbus.gov/public-safety/fire/inspections/Plans-Review---Witness-Testing-Inspection-Office/