Application Number: _____

Official Use Only

Fire Suppression Permit Application

Address: 111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-7433
Email: bzs-intake@columbus.gov
Website: www.columbus.gov/bzs

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
DEPARTMENT OF BUILDING AND ZONING SERVICES

Type of Structure:

☐ 1-3 Family ☐ 4 or More Family; Number of Units:_____ ☐ Commercial

Building Permit or Plan Review Number: _____

Is this submittal a revision to approved plans?
☐ Yes ☐ No If yes, provide permit number:_____

Advance Construction Start?
☐ Yes ☐ No If yes, associated application number:_____

Is this request for a Minor Repair or Replace Permit?
☐ Yes ☐ No If yes, plans examiner approval:_____

Hydraulic Calculations?

☐ Yes ☐ No

Job Site Information:

Certified Address: _____ Zip Code: _____

Unit, Space, or Floor (if applicable): _____ Parcel: _____

Tenant Name: _____

☐ Existing System ☐ Change of Use ☐ Change of Hazard Class

Description or Scope of Work:

_____

_____

Limited Scope Sprinkler/Standpipe Systems – Description or Scope of Work:

_____

Job Site Information (continued):

Sprinkler/Standpipe Systems	Number of Units
Limited Area Sprinklers	
Standpipes	
Fire Pumps	
Sprinklers	

Alternative Fire Suppression Systems	Number of Pounds	Number of Systems
Wet Chemical		
Dry Chemical		
Clean Agent		
Other		

Property Owner of Record:

Individual Name: _____ Company Name: _____

Street Address: _____

City, State and Zip: _____

Phone Number: _____ Email Address: _____

Contractor:

City of Columbus Fire Protection Company Registration Number: _____

Company Name: _____

City of Columbus Fire Certified Installer Registration Number: _____

Certified Installer Name: _____

Phone Number: _____ Email Address (Project Manager): _____

Fire Suppression Permit Submittal Requirements

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Make checks payable to the Columbus City Treasurer. Fees are non-refundable.

The following must be submitted with this application:

☐ Two (2) sets of drawings:

- To-scale floor plans with every room or space use labeled
- Description of the system, sizes and layout of all piping and attachments, and cut-sheets of equipment
- Drawings shall bear the signature and identification number of an Ohio Certified Suppression System Designer, 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 when Division of Fire review required.

A separate set of drawings will not be required for scopes of work that meet all the following criteria:

☐ Existing system with no change of use, hazard classification, or occupancy

☐ Fire suppression work involving nineteen (19) or less sprinklers

Inspection: All fire protection inspections, except for rough fire alarm, require the Fire Protection Inspection Request form be completed and submitted to bzscfdInspectionRequests@columbus.gov. When received, an automated email acknowledging receipt is sent. The request form will be assigned to be scheduled. If successful an automated email is sent to the designated project manager(s) for the record confirming the inspection is scheduled. If the inspection is not able to be scheduled, a reply will be sent with an explanation why and provide next steps. Please be aware of the cutoff times on the request form, which are listed above the various inspection types.