Application Number: _____

Official Use Only

Fire Alarm 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: _____

Type of Work:

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 Plan Examiner approval : _____

Job Site Information:

Certified Address: _____ Zip Code: _____

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

Tenant Name: _____

The system is: ☐ New ☐ Addition to existing system ☐ Alteration to an existing system

The system is new to a structure with an assembly use, institutional use (this includes a hospital or nursing home), or a daycare: ☐ Yes ☐ No

Total Number of Devices

Fire Alarm Devices: _____

(Examples of 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)

Mechanical Devices: _____

(Examples of mechanical devices: Smoke Control Systems, Duct Detectors, Smoke Dampers, Hood/Suppression Alarm, Clean Agent/Suppression Alarm)

Job Site Information (continued):

Description or Scope of Work:

_____

_____

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 or Contractor Name: _____

City of Columbus Fire Certified Installer Registration number: _____

Certified Installer Name: _____ Phone Number: _____

Project Manager Email Address: _____

Fire Alarm 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 system, sequence of operations matrix, cut sheets of equipment and battery calculations
- Drawings shall bear the signature and identification number of an Ohio Certified Alarm 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.

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.