



FIRE SUPPRESSION / FIRE ALARM

Application For Plan Review and Permit

132 North Elmwood Avenue
 Phone: 330-722-9030
www.medinaoh.org
permits@medinaoh.org

Permit Number _____

Date of Application _____

GENERAL	Property Location _____ Name of Project _____ Property Owner _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____
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CONTACT INFORMATION	Submitter Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Reg. No. _____ Email _____ System Designed By _____ State Fire Marshal # _____ Expiration Date _____ Installation Contractor: (if different from submitter) Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Reg. No. _____ Email _____ State Fire Marshal # _____ Expiration Date _____ Underground Water Supply Contractor: Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Reg. No. _____ Email _____ State Fire Marshal # _____ Expiration Date _____
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PROJECT INFORMATION	Type of improvement: New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of Use <input type="checkbox"/> Use Group: (check all that apply) A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U <input type="checkbox"/> Construction Type: (check all that apply) I-A <input type="checkbox"/> I-B <input type="checkbox"/> II-A <input type="checkbox"/> II-B <input type="checkbox"/> III-A <input type="checkbox"/> III-B <input type="checkbox"/> IV <input type="checkbox"/> V-A <input type="checkbox"/> V-B <input type="checkbox"/> Building Size: _____ sq.ft. Size Covered By Suppression or Alarm System: _____ sq.ft. Type of System Being Installed: Wet Pipe <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Ltd. Area <input type="checkbox"/> Combined Dry Pipe - Preaction <input type="checkbox"/> Antifreeze <input type="checkbox"/> Circulating Closed Loop <input type="checkbox"/> Smoke Control <input type="checkbox"/> Hood Suppression <input type="checkbox"/> Describe if other: _____ Fire Alarm and Detection System: Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Sprinkler Monitoring and Alarm <input type="checkbox"/> Occupancy Hazard Classification: Low-Hazard Occupancy <input type="checkbox"/> Moderate-Hazard Occupancy <input type="checkbox"/> High-Hazard Group <input type="checkbox"/> Multiple-Hazard Group <input type="checkbox"/>
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SUBMITTAL PROCESS

Submittal process:

3 sets of plans and documents are required and must include the following:

1. System drawings
2. Hydraulic calculations
3. Copy of current State Fire Marshal's certificate for:
 - System designer
 - Installation contractor
 - Underground installation contractor
 - Field personnel assigned to project

Submit to ►

Medina City Building Department
132 N. Elmwood Ave.
Medina, Ohio 44256

Building Official

Phone 330-725-0521 fax 330-764-4385

Allow minimum of 2 weeks for plan review

ACCEPTANCE TESTING

Acceptance testing:

Installation inspections:

Contact: Building Department @ 330-722-9030 allow 24 hours' notice

Testing acceptance inspections (underground, suppression, hood, alarm, etc.):

Contact: Fire department @330-725-1772 allow 48 hours' notice

You must have on the job site:

- Copy of approved plans
- Hydraulic calculations
- Test certificate (s) – above ground certificate or underground certificate

On-site personnel **must have on their person** all required state certificates.

Final inspection:

Contact: Building Department @ 330-722-9030 allow 24 hours' notice

Fire Department - copy of NFPA 25 for building owner and copy of the approved, or as-built approved, plans for building owner.

Application By: _____ Date _____
Signature of owner, contractor, or authorized agent

Print name of Applicant: _____

OFFICIAL USE

Suppression Systems: \$75.00 base + \$2.00 per 100 sq. ft.

Hood Systems AND Fire Alarm Systems: \$75.00 base only

Plan Review: \$90.00/hr. or portion of an hour. (MCO 38-05 Passed 2-14-05)

3% BBS fee

Base Fee	\$
\$2.00 per 100 sq. ft.	\$
Plan Review Fee	\$
3% BBS fee	\$
Total	\$

Signature _____ Date _____
Building Official