

SUMMIT COUNTY DEPARTMENT OF BUILDING STANDARDS

buildingstandards.summitoh.net

1030 EAST TALLMADGE AVENUE

AKRON, OHIO 44310

PHONE 330.630.7280 FAX 330.630.7296

APPLICATION FOR FIRE ALARM or FIRE SUPPRESSION (2 Sets Required)

PLEASE READ THE FOLLOWING REQUIRED INFORMATION:

1. Fire Alarm systems shall comply with NFPA 72 (Include device locations & listing details, voltage drop & battery calculations).
2. Fire Suppression systems shall comply with NFPA 13 (Include the date of the most recent water-flow test, hydraulic calculations, sprinkler head device cut-sheets and method of full forward flow testing of the backflow prevention device).

(Project Name)

(Street Address; include suite number)

(City / Village / Township)

(Zip Code)

(Cost of Work)

(Project Square Footage)

Project Type: New Addition Alteration / Replacement

Documents Submitted For: Fire Alarm Required Non-Required System

Fire Suppression Required Non-Required System

Construction Type: 1A 1B 2A 2B 3A 3B 4 5A 5B

OWNER:

Name:

Name of Firm

Street Address:

Suite #

City/Village/Twp

State

Zip Code

(____) _____
Telephone

(____) _____
Fax

Email Address

SUBMITTER:

Name:

Name of Firm

Street Address:

Suite #

City/Village/Twp

State

Zip Code

(____) _____
Telephone

(____) _____
Fax

Email Address

DESIGN PROFESSIONAL:

Name

Name of Firm

Street Address:

Suite #

City/Village/Twp

State

Zip Code

(____) _____
Telephone

(____) _____
Fax

Email Address

Plans Prepared By:
Ohio Registration No. _____

OFFICE USE ONLY:

Plan Review Application Number: **PPR #** _____

Plan Application Date: _____/_____/_____

Plan Examiner Comments:

Plans Examiner: _____

Approval _____ Date: _____