

# Fire Suppression Permit Application

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

**ALL 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 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

\_\_\_\_\_  
Building Use      Tenant Name

Description/Scope of Work: \_\_\_\_\_

Existing System      Y      N\*      Change of Use      Y\*      N      Change of Hazard Class      Y\*      N

Sprinkler/Standpipe Systems	No. of Units
Limited Area Sprinklers	
Standpipes	
Fire Pumps	
Sprinklers	
Limited Scope - Describe Work:	

Alternative Fire Suppression Systems	No. of Pounds	No. of Systems
Wet Chemical		
Dry Chemical		
Clean Agent		
Other:		

**Hydraulic Calculations:**      Y      N

**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 Suppression Permit Submittal Requirements

DEPARTMENT OF BUILDING  
AND ZONING SERVICES

111 N Front Street, Columbus, Ohio 43215  
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### The following must be submitted with this application:

- Department of Building & Zoning Services Fire Suppression Permit Fee
- Division of Fire Fee\*
- Two (2) copies of complete fire suppression drawings
  - To-scale floor plans with room uses
  - Description of the system, sizes and layout of all piping and attachments, and cut-sheets of equipment
  - Drawings shall bear the signature & identification number of an Ohio Certified Sprinkler 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 Suppression work involving nineteen (19) or less sprinklers
- No change of use, hazard classification or occupancy

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### **\*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](http://columbus.gov/bzsdocs) & [columbus.gov/public-safety/fire/inspections/Plans-Review---Witness-Testing-Inspection-Office/](http://columbus.gov/public-safety/fire/inspections/Plans-Review---Witness-Testing-Inspection-Office/)