

# CITY OF POWELL FIRE PROTECTION PERMIT

Permit # \_\_\_\_\_



The undersigned hereby makes application for a Fire Protection Permit, according to the following specifications:

Company/Contractor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-Mail \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Site Information:**

Project Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Check One:**

\_\_\_\_\_ 1, 2, or 3 Family Residential \_\_\_\_\_ 4 (or more) Family Residential (# of units \_\_\_\_\_) \_\_\_\_\_ Commercial

**Check One:**

\_\_\_\_\_ New Construction  
 \_\_\_\_\_ Alteration of Existing  
 \_\_\_\_\_ Addition to Building  
 \_\_\_\_\_ Replace/Repair Existing

**Check One:**

\_\_\_\_\_ Fire Suppression Permit  
 \_\_\_\_\_ Fire Alarm Permit  
 \_\_\_\_\_ Chemical – Wet or Dry  
 \_\_\_\_\_ Other- Specify Type: \_\_\_\_\_

Indicate Number of devices to be installed and / or altered:

Number of Sprinkler Heads: \_\_\_\_\_  
 Number of Fire Alarms, Stations,  
 Horns, Strobes or Other: \_\_\_\_\_ **Total Devices:** \_\_\_\_\_

**FEES: City of Powell**

Plan Review - # of hours _____ X \$100.00	\$ _____
Fire Protection Permit	\$ <b>\$100.00</b>
Add \$5.00 per device (Total Devices above) # _____ x \$5.00 =	\$ _____
<b>Subtotal:</b>	\$ _____
Add 3% of Subtotal for State of Ohio Surcharge\$	\$ _____
<b>Total: Payable to the City of Powell</b>	\$ _____

**FEES: Liberty Township Fire Department**

Plan Review Fee	\$ <b>100.00 (Per System)</b>
Construction Inspection Fee	\$ <b>200.00 (Per System)</b>
<b>Total: Make Payable to Liberty Township</b>	\$ _____

**Signature of Certified**

**Contractor or Authorized Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_