



AP# _____

PERMIT # _____

SUBMIT 3 SETS OF SEALED PLANS

Madison Twp **Village of Groveport**

APPLICATION FOR CERTIFICATE OF SPRINKLER PLAN APPROVAL

1. _____
Name & Address of Project **PARCEL#**

_____ **Building Owners Name** **Telephone No.**

_____ **Street Address** **City** **State** **Zip**

2. _____
Contractor **Telephone No.** **Cell#**

_____ **Address** **City** **State** **Zip**

3. **COST of work covered by this application: \$** _____

4. **Plans Prepared By:**

- A. Ohio Registered Architect
- B. Ohio Professional Engineer
- C. Ohio Sprinkler System Designer
- D. Other _____

Ohio Registration Number

5. **Number of sheets in one set plans** _____

6. A. **Description of work** _____

B. **Change of Occupancy** **New Building** **Alteration** **Addition**

C. **# of Stories** _____ D. **# of Units in each Building** _____ E. **# of rooms in each building** _____

7. A. **Type of Construction**

- IA IB
- IIA IIB
- IIIA IIIB
- IV
- VA VB

B. **Current OBC Use Group:** _____

C. **Proposed OBC Use Group:**

- A1 A2 A3 A4 A5 B E
- F1 F2 H1 H2 H3 H4 H5
- I1 I2 I3 M R1 R2 R3
- R4 S1 S2 U

Occupancy Load: _____

D. **If building is Use Group R1, R2, or R3, specify the number of apartments or units:** _____

Contact Name and accessible phone number: _____

(Please print)

Signature of Applicant

Date

DESIGN STANDARD: 13 13D 13R Other

Wet Dry

Chemical Water Foam Antifreeze

NFPA HAZARD CLASSIFICATION: Light Ordinary - Group 1 _____ Group 2 _____
 Extra - Group 1 _____ Group 2 _____

COMMODITY CLASSIFICATION: I II III IV Mixed

PLASTIC, ELASTOMERS, RUBBER CLASSIFICATION:

Group A Group B Group C

ROLLED PAPER CLASSIFICATION:

Light weight Medium weight Heavy weight

TISSUE PAPER: Yes No

_____ Hydraulically Designed System
_____ Schedule System
_____ Supervised System (Remote station water
flow alarm service or equivalent)
Nearest Fire Station _____ miles
Name of Station _____
_____ Non-Supervised System

WATER SUPPLY: _____

- COLUMBUS SYSTEM
- VILLAGE SYSTEM
- OTHER

City water main (Flow test required)
Static Pressure _____ psi
Residual Pressure _____ psi a _____ gpm

Pressure tank
_____ gallons water _____ gallons air
_____ psi air pressure

Booster pump
Rated Capacity _____ gpm
Rated Pressure _____ psi
(Attach Specifications)
Other (Describe on a separate sheet)

NOTES: ALL WORKING DRAWINGS MUST CONFORM TO THE OHIO BUILDING CODE.
UNDERGROUND PIPING MUST BE SHOWN AND INCLUDE A PLOT PLAN. WATER SUPPLY CURVE
AND SYSTEM REQUIREMENTS SHALL BE PLOTTED TO PRESENT A GRAPHIC SUMMARY OF
COMPLETE HYDRAULIC CALCULATIONS.

INFORMATION THAT MUST ACCOMPANY HYDRAULICALLY DESIGNED SYSTEM PLANS

Include the following when applicable:

- (a) Areas of water application _____ sq. ft.
- (b) Minimum rate of water application (density) _____ gpm/sq. ft.
- (c) Area for sprinkler _____ sq. ft.
- (d) Allowance for inside hose and outside hydrants _____ gpm.
- (e) Allowance for in-rack sprinklers _____ gpm.

Water Supply Information:

Is supply () existing or () proposed?

Is or will the underground supply (other than lead-in) be () dead end or () circulating?

Provide information on the following:

- (a) Locations and elevation of static and residual test gauge.
- (b) Flow location.
- (c) Static pressure, psi.
- (d) Residual pressure, psi.
- (e) Flow, gpm.
- (f) Date.
- (g) Time.
- (h) Test conducted by or information supplied by:

NUMBER OF HEADS _____
TOTAL SQUARE FOOTAGE OF PROJECT _____

FEES:

FIRE SUPPRESSION PERMIT FEE:

- A. \$172.50 \$ _____
 - B. .25 per head \$ _____
- (Maximum Permit Fee \$2,500.00)

PLAN EXAMINATION FEE:

- A. \$172.50 \$ _____
 - B. \$3.70 per 100 square foot or fraction thereof. \$ _____
- (Maximum Plan Review \$3,450.00)

(Includes original submittal and one re-submittal. Additional submittals are \$75 each)

SUBTOTAL \$ _____

3% STATE FEE of subtotal above. \$ _____

TOTAL

COMMERCIAL KITCHEN HOOD SUPPRESSION SYSTEMS

A. Permit Fee \$172.50 \$ _____

B. Plan Examination Fee \$172.50 \$ _____

(Includes original submittal and one re-submittal. Additional submittals are \$75 each)

C. SUBTOTAL \$ _____

D. 3% STATE FEE of subtotal above. \$ _____

TOTAL