



FIRE/HOOD SYSTEMS

Fire Alarm, Sprinkler, Hood, Hood Suppression
- APPLICATION FOR PLAN APPROVAL -
Wayne County Building Department
 428 West Liberty Street Wooster, Ohio 44691
 330-287-5525

PERMIT NO.
DATE RECEIVED

1. Owner's Name			4. Job Location Address		
Street Address:			City:	State:	Zip Code:
City:	State:	Zip Code:	Township:	Section:	
Phone:			Parcel Number:	Lot Number:	
Email:			5. Submitters Name		
Business/Tenant Name:			Street Address:		
2. Name of job and description of building			City:	State:	Zip Code:
			Phone No.:		
			Email:		
CONTRACTOR NAME(S):		PHONE NUMBER(S):	Fax No.:		
FIRE ALARM	#		6. Plans Prepared By (Check one)		Ohio Reg. No. _____
SPRINKLER	#		<input type="radio"/>	Ohio Registered Architect	Name:
HOOD	#		<input type="radio"/>	Ohio Professional Engineer	Name:
HOOD SUPPRESSION	#		<input type="radio"/>	Other	Name:
NATURE OF JOB			7. Name of Person Drawing Plans:		
New <input type="radio"/> Addition <input type="radio"/> Alteration <input type="radio"/>			Street Address:		
3. TYPE OF CONSTRUCTION			City:	State:	Zip Code:
1. <input type="radio"/> A <input type="radio"/> B 2. <input type="radio"/> A <input type="radio"/> B 3. <input type="radio"/> A <input type="radio"/> B 4. <input type="radio"/> 5. <input type="radio"/> A <input type="radio"/> B			Phone No.:		
OCCUPANT LOAD >			Email:		
Check Appropriate Floor	Total Square Feet Per Floor		Fax No.:		
<input type="radio"/> A. Basement >>	SQ.FT.				
<input type="radio"/> B. First Floor >>	SQ. FT.				
<input type="radio"/> C. Other >>					
Total Sq. Ft. A+B+C =			Signature of Applicant		Date
<input type="radio"/> A1	<input type="radio"/> R1	<input type="radio"/> B	<input type="radio"/> F1	<input type="radio"/> H1	<input type="radio"/> I1
<input type="radio"/> A2	<input type="radio"/> R2	<input type="radio"/> M	<input type="radio"/> F2	<input type="radio"/> H2	<input type="radio"/> I2
<input type="radio"/> A3	<input type="radio"/> R3	<input type="radio"/> E	<input type="radio"/> S1	<input type="radio"/> H3	<input type="radio"/> I3
<input type="radio"/> A4		<input type="radio"/> U	<input type="radio"/> S1	<input type="radio"/> H4	<input type="radio"/> I4
<input type="radio"/> A5			<input type="radio"/> S2	<input type="radio"/> H5	
B. If building is Use Group R1 or R2, specify number of units: _____			DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY		
C. Estimated Construction Costs \$			Make Checks Payable to: Wayne County Bldg. Dept. 428 West Liberty Street Wooster, Ohio 44691		
			Plan Examiner	Approval Date	
			Application Approved By: _____ (CBO)		

IMPORTANT REMINDER: Incomplete applications will be returned to the applicant when the following are not included to begin the examination process.

- Fire System Application (Complete in its Entirety).
- Four sets of properly sealed drawings, signed and dated.
- Designer Name and Certification number on plans.
- Installer(s) Name and Certification Number(s) on Plans.
- Four sets Specification/Calculation/Equipment Sheets.

A \$60 SUBMITTAL FEE AND ALL REVIEW FEES WILL BE ADDED ONTO THE TOTAL COST OF THE PERMIT. ALL FEES ARE PAYABLE TO THE WAYNE COUNTY BUILDING DEPARTMENT WITHIN 60 DAYS OF ISSUANCE OF THE PERMIT.

I hereby certify that the proposed work is authorized by the building owner of record, and that I have been authorized by the owner to make this application as his or her authorized agent, and we agree to conform to all applicable laws of this jurisdiction. **I hereby acknowledge that this is an application for the fire/hood system plan examination to begin and not an approval to begin work.**

_____/_____/_____
Applicant (Print name) Applicant (Signature) Date

Phone No. _____

Fax No. _____