OTTAWA COUNTY DEPARTMENT OF BUILDING INSPECTION APPLICATION FOR FIRE SUPPRESSION/SPRINKLERS COMMERCIAL ONLY

FIRE SUPPRESSION PERMIT NO	FEE:
BUILDING PERMIT NO	DATE: 20
TOWNSHIP/VILLAGE/CITY:	
NAME OF BUSINESS:	
NUMBER AND STREET:	
USE GROUP: For R-1, R-2 & R-3, indicate No. of Units	
HOW OCCUPIED; (Office, resta	
. TYPE OF FIRE SUPPRESSION SYSTEM (Check Appropriate Block	
A. Water Sprinkler System	F. Carbon Dioxide Extinguishing System
B. Dry Sprinkler System	G. Halogenated Fire Extinguishing System
C. Limited Area Sprinkler System	H. Dry Chemical Extinguishing System
D. Water Spray Fixed System	I. Wet Chemical Extinguishing System
E. Foam Extinguishing System	J. Hood Suppression System
	NFPA-13, OBBC approved edition
Hydraulically designed system	Pipe schedule system
Supervised system (remote station water flow alarm s	service or equivalent)
Other	
HAZARD CLASSIFICATION	
Light Hazard Ordinary Hazard GP-1 GP-2	GP-3 Extra Hazard GP-1 GP-2
SPRINKLER HEADS	FIRE RESISTANCE RATING INFORMATION
Number of Heads	Fire Resistance Rating of
Fusible Link	Sprinklered Areahrs.
Temperature Ratingdegrees	Fire Resistance Rating of
Minimum Head Pressurep.s.i.	Closing Opening Protectiveshrs.
K-Value	
Orifice Size in.	Area of Building to be Protected:Sq. Ft
NAME OF FIRE DEPARTMENT	Facility is miles from Fire Station.
PROFESSIONAL FIRE DEPARTMENT	VOLUNTEER FIRE DEPARTMENT
7. IDENTIFICATION: To Be Completed By All Applicants	
1. Owner/Lessee:	
ADDRESS:	
	PHONE:
	THOME.
ADDRESS:	
CITY/STATE/ZIP:	
	Certification Number:
	Registration Number:
4. Lingineen/Aldintect	
hereby certify that the proposed work is authorized by the owner of reco	ard and that I have been authorized by the owner to make this application
s his authorized agent and we agree to all applicable laws of this jurisdic	
s nis authorized agent and we agree to an apphicable laws or this jurisuit	71011.
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