



FIRE APP # _____

LCBC APP # _____

Fire Protection System Permit (FPSP) Application

Bureau of Fire Prevention

Telephone: (740) 928-4721 ext. 111, Fax: (740) 928-4721

fireprevention@hebronfd.org

Application Purpose

- ___ New submittal
- ___ Resubmission of previously rejected plans (FIRE APP # _____)
- ___ (AS BUILT'S) Revised previously approved Plans (FIRE AP # _____)

Job Address _____ Bldg# _____ Floor _____ Suite _____

Job Name _____

In what political jurisdiction is the job located? (Circle One) Village of Hebron Union Township

Please complete the information below so that your application may be processed in a timely manner. Your application will not be processed if complete information is not provided. **This form itself may not be the only permit application needed for your project.** Please ensure that all applicable permits are obtained, such as those commonly issued by the Licking County Building Code Department, Village of Hebron Community Development, or Union Township Zoning.

PERMIT BEING APPLIED FOR (check all that apply)

Commercial Occupancies*

Residential Occupancies

- ___ Fire Sprinkler
- ___ Fire Alarm System
- ___ Private Water Main
- ___ Fire Suppression System (Wet/Dry Agent)
- ___ Aboveground Storage Tank Installation

- ___ Fire Sprinkler Plan Review
- ___ Fire Alarm System Plan Review

* - An inspection is required once the work is completed. Should a life safety inspection be required by other agencies as well, it is the responsibility of the applicant to coordinate the scheduling of this inspection to ensure all parties are present. Use of the building and/or protection systems is not permitted until ALL necessary inspections have been completed.

INFORMATION NEEDED FOR ALL PERMIT TYPES

_____ Building Permit # issued by Licking County Building Code Department

New Alteration Removal Type of work being performed? (Circle One)

_____/_____/_____ Anticipated date of completion?

_____ Primary Contractor/Company

_____ Name of responsible party / primary contact?

(_____)_____ - _____ Phone number of primary contact?

Description of work to be done, please be explicit: _____

AUTHORIZED SIGNATURE _____ Name Printed Legibly _____

COMMERCIAL SPRINKLER PERMITS ONLY

Please place a "A" for alteration, "N" for new installation, or an "R" for removal next the applicable items below.

- Entire Sprinkler System Supplemental Water Tank Conversion of Wet/Dry Sprinkler System
- Risers x _____ Qty Branch/Feeder Lines Back-up Generator (*Fire Pump Only*)
- Fire Pump Underground Water Main Glycol System
- Private Fire Hydrants Chemical agent / foam Fire Department Connection (FDC)
- Other (*please specify*): _____

FIRE ALARM PERMITS ONLY

Type of system to be installed or modified (*check all that apply*)

- Access Control Central Monitoring/Station
- Fire Alarm System Fire Alarm/Annunciator Panel
- Smoke Control System Notification and/or Tamper Devices
- Connection to Sprinkler/Suppression System Other (*please specify*): _____

ABOVEGROUND STORAGE TANK INSTALLATION ONLY

Type of tank being installed (*check all that apply*): Vertical Horizontal

Type of tank being installed: Liquid Compressed Gas Dry Material

Tank capacity: _____ (*unit of measure*)

Tank Material: Plastic Steel Aluminum Fiberglass Other: _____

Tank Construction: Single Wall Double Wall Other: _____

Type of Leak Detection: _____

Piping Construction: _____ Piping is located: Above Ground Below Ground

Contents of Tank: _____ CAS #: _____

Avg Quantity of Material: _____ Avg Frequency of Refill: _____

Emergency Shutoff Location: _____

Is the tank located in a secure area (*circle one*)? YES NO

Is the tank located inside a structure (*circle one*)? YES NO

Is there spill containment installed (*circle one*)? YES NO

Location Description: _____

For more information, please feel free to visit our website at <http://www.hebronfd.org/prevention/permits>