



COMMERCIAL SPRINKLERS / ALARMS PLAN APPROVAL

[] CITY OF MAUMEE [] VILLAGE OF HOLLAND

400 CONANT ST., MAUMEE, OH 43537

419-897-7075 / FAX: 419-897-7182 / INSPECTION@MAUMEE.ORG

JOB LOCATION _____

DESCRIPTION OF PROJECT _____

ESTIMATED TOTAL COST \$ _____

Building PERMIT #: _____

Submitted for Plan Approval of the following items:

SPRINKLERS

ALARMS

Total Square Feet per Floor:

A. Basement _____

B. First Floor _____

C. Add'l Floors _____

D. Total Sq. Ft. _____

Nature of Job:

NEW

ADDITION

ALTERATION

Owner's Name _____ **Name of Firm** _____

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

E-Mail _____

Telephone Number _____

Plans prepared by (check one):

A. Ohio Registered Architect

B. Ohio Professional Engineer

C. Ohio Sprinkler System Designer

D. Other

Ohio Registration Number:

Name of Person Drawing Plans: _____

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

E-Mail _____

Telephone Number _____

Contractor _____

Name of Firm _____

Address _____ City _____ State _____ Zip _____

E-Mail _____

Telephone Number _____

****Three (3) sets of physical plans and an electronic file are required to be turned in with permit for review and approval by CBO.****

	FEE	COST
Automatic Sprinkler and Other Fire	Base Rate: \$150.00	= _____
Suppression Systems (ALL Suppressed Areas) Sq. Ft. _____ x \$0.04		= _____
Alarm System	Base Rate: \$175.00	= _____
	# of Devices ____ x \$5.00	= _____
Fire Pumps	\$200.00	= _____
	Subtotal	= _____
	State of Ohio 3% Surcharge (REQUIRED) = +	_____
	Balance Due \$	_____

The applicant certifies that all information is correct to the best of their knowledge and that pertinent ordinances will be complied with in performing the work for which this permit is issued.

Signature of Applicant _____

Title _____ Date _____

PERMIT FEES ARE NOT TRANSFERABLE OR REFUNDABLE