

# Fire Alarm Plan Examination Application

## City of Warren, Ohio

Engineering, Planning & Building Department

540 Laird Avenue S.E. Warren, Ohio 44484

Phone: (330) 841-2916 – Fax: (330) 841-2614

### 1. Job Information

Job Address: \_\_\_\_\_ Unit No. or Letter: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mall, Strip Mall, Plaza, Hospital or Building Name (if applicable): \_\_\_\_\_

Current or Last Known OBC Use Group \_\_\_\_\_ (existing building or space)

Proposed OBC Use Group(s) \_\_\_\_\_

Project Size in Square Feet \_\_\_\_\_

OBC Type of Construction \_\_\_\_\_

Estimated Valuation / Improvement cost \_\_\_\_\_

### 2. Building Owner/Firm

Name as appears on mortgage, title, or property deed: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### 3. Occupant Information

Occupant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business name as it will appear on building signage or in directories: \_\_\_\_\_

### 4. Fire Alarm Contractor

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

- Fire Alarm Examination Application (completed in its entirety).
- Three sets of properly sealed drawings, signed and dated.
- Designer Name and Certification Number on Plans.
- Installer(s) Name and Certification Number(s) on Plans.
- Three sets Specification/Calculation/Equipment Sheets.
- \$50.00 Processing Fee payable to the City of Warren.

**ALL FEES ASSOCIATED WITH THE PLAN REVIEW PROCESS ARE PAYABLE TO THE CITY WITHIN SIXTY (60) DAYS FROM THE DATE OF PLAN APPROVAL.**

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 acknowledged that this is an application for the fire alarm plan examination to begin and not an approval to begin work.**

\_\_\_\_\_  
Applicant (Print Name)                      Applicant (Signature)                      Date

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_