



COMMERCIAL APPLICATION FOR FIRE DEPARTMENT PERMIT

Troy Fire Department
Fire Prevention Bureau
 40 S. Stanfield Rd.
 Troy, Ohio 45373
 Phone & Fax: (937)335-2227



Required Permits

<u>Types of Permits:</u>	<u>Needed:</u>	x	<u>Cost Per Item:</u>	=	<u>Fee</u>
(1) Automatic Sprinkler Systems:					
Fire Mains – Above Ground	_____	x	\$100	=	_____
Fire Mains – Below Ground	_____	x	\$100	=	_____
Fire Pump	_____	x	\$100	=	_____
Sprinkler Install	_____	x	\$100	=	_____
Sprinkler Alteration	_____	x	\$100	=	_____
(2) Automatic Extinguishing System					
(CO2, FM-200, Dry/Wet Chemical, Foam, Kitchen Hood I & II)	_____	x	\$100	=	_____
(3) Fire Alarm Systems					
Install	_____	x	\$100	=	_____
Alteration	_____	x	\$100	=	_____
(4) Retest of Failed Fire Protection System					
_____	_____	x	\$50	=	_____
(5) Re-Inspection fee –					
(Existing Commercial Property after 2 failed re-inspections)	_____	x	\$50	=	_____
Total Charges				=	_____

Applicant Information

COMPANY: _____	CONTRACTOR LIC.#: _____ EXP. _____
ADDRESS: _____	CLASSIFICATION: _____
_____	UL LISTING # (if applicable): _____
APPLICANT NAME: _____	EMAIL: _____
PHONE: _____	FAX: _____

Project Information

BUSINESS NAME: _____	PROPERTY OWNER: _____
PROJECT ADDRESS: _____	CONTACT NAME: _____
_____	CONTACT PHONE: _____
DESCRIPTION OF PROPOSED WORK OR NEED FOR PERMIT (for fire protection systems, please list each component):	

All Permit Applications regarding Fire Protection Systems require ONE set of stamped plans be submitted with this application to TFD	
Applicant must notify the Fire Prevention Bureau upon completion of work to schedule all acceptance testing and/or inspections	

Terms/Signature of Applicant

By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to conform to all applicable laws, ordinances, codes and regulations. Application is hereby made by the undersigned for a permit as described within this application. A fee must accompany this application unless exempt. **SUBMIT THIS FORM TO TROY FIRE DEPARTMENT.**

PRINTED NAME: _____ **SIGNATURE:** _____ **DATE:** _____

TFD USE ONLY:

Date Received: _____ Inspec./Chief: _____ Check #: _____ Receipt #: _____ Inspection Date: ____/____/____

Plans Received (y/n): _____ **Permit: Approved / Denied** **Date:** _____ **Permit Expiration:** _____

COMMENTS:
