

Design Standard: ___13 ___13D ___13R ___Other:
 ___Wet ___Dry ___Chemical ___Water ___Foam ___Antifreeze

NFPA Hazard Classification: ___Light ___Ordinary -- Group 1 ___ Group 2 ___
 ___Extra -- Group 1 ___ Group 2 ___

Commodity Classification: ___I ___II ___III ___IV ___Mixed

Plastic, Elastomers, Rubber Classification:
 ___Group A ___Group B ___Group C

Rolled Paper Classification: ___Light Weight ___Medium Weight ___Heavy Weight
 Tissue Paper: ___Yes ___No

<p>Water Supply: ___Columbus System ___Obetz System ___Other</p>	<p><input type="checkbox"/>Hydraulically Designed System <input type="checkbox"/>Schedule System <input type="checkbox"/>Supervised System (remote station water flow alarm service or equivalent) Nearest fire station ___miles Name of Station: _____ <input type="checkbox"/>Non Supervised System _____</p> <p>City Water Main (Flow Test Required)</p> <ul style="list-style-type: none"> • Static Pressure _____psi • Residual Pressure ___psi a _____ gpm <p>Pressure Tank ___ gallons water _____ gallons air ___ psi air pressure</p> <p>Booster Pump – Must attach specifications Rated Capacity _____ gpm Rated Pressure _____ psi Other – Describe on separate sheet</p>
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- THE FOLLOWING INFORMATION MUST ACCOMPANY HYDRAULICALLY DESIGNED SYSTEM PLANS**
1. Areas of water application: _____ sq. ft.
 2. Minimum rate of water application (density): _____ gpm/sq. ft.
 3. Area for sprinkler: _____ sq. ft.
 4. Allowance for inside house and outside hydrants: _____ gpm
 5. Allowance for in-rack sprinklers: _____ gpm
 6. Water supply information: existing or proposed
 7. Is or will the underground water supply, other than lead-in, be dead end or circulating?
 8. Location and elevation of static and residual test gauge
 9. Flow location
 10. Static pressure (psi) and flow (gpm)
 11. Date and time of pressure and flow test: _____
 12. Company performing test: _____

CERTIFICATION: Read all sections, sign, date and attach any drawings and/or supporting documents. All working drawings must conform to the Ohio Building Code. Underground piping must be shown and include a plot plan. Water supply curve and system requirements shall be plotted to present a graphic summary of complete hydraulic calculations.

ALL PERMITS SHALL EXPIRE ONE YEAR FROM THE DATE OF ISSUE. A ONE TIME RENEWAL SHALL BE PERMITTED IF THE ORIGINAL PERMIT HAS NOT EXPIRED. RENEWED PERMITS SHALL EXPIRE ONE YEAR FROM THE RENEWAL DATE.

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION, OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING, STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE VILLAGE OF OBETZ BUILDING/ZONING DEPARTMENT.

I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Permit fees based on the current fee schedule will be calculated by Obetz and due prior to releasing the permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINTED NAME: _____

HOLD / DATE: _____ INCOMPLETE COMPLETE
REASON: _____ PARTIALLY APPROVED APPROVED
DISAPPROVED

BUILDING OFFICIAL: _____ / /

PLANS EXAMINER: _____ / /

FOR DEPARTMENT USE ONLY	
Date Received:	
Date Forwarded:	
Date Returned:	
Date Issued:	
Permit #:	