

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.
- \$51.50 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: _____