Harrison Township Fire Department

Application for Fire Protection System Plan Review

Form # 1000.82

Chief Shawn C. Davidson
3625 S.R. 752
Ashville, Ohio 43103
(740) 983-4115 *(p)*
(740) 983-8114 *(f)*

APPLICATION FOR FIRE PROTECTION SYSTEM PLAN REVIEW

(Submit one application for each building or structure. Please print or type)
(All sections are required to be completed. One set of plans is required.)

Scope of Project: ☐ Fire Sprinkler ☐ Fire Alarm

Parcel Number: _____ Municipality/Township: _____

Type of Project: ☐ New Building/Structure ☐ Change of Occupancy
☐ Repair/Replacement ☐ Addition
☐ Alteration ☐ Other

Name/Description of Project: _____ Project # _____

Site Address: _____ Lot # _____

City: _____ Zip Code: _____

Plan Review and Construction Permit Fees

Automatic Sprinkler System	$250.00 + sq. ft. of building/modification area x $0.04
Sprinkler System Addition/Alteration	$250.00 + sq. ft. of building/modification area x $0.04
Fire Alarm System	$250.00 + sq. ft. of building/modification area x $0.04
Alarm System Addition/Alteration	$250.00 + sq. ft. of building/modification area x $0.04
Group H Automatic Sprinkler System	$250.00 + sq. ft. of building/modification area x $0.06
Group H Sprinkler System Addition/Alteration	$250.00 + sq. ft. of building/modification area x $0.06
Group H Fire Alarm System	$250.00 + sq. ft. of building/modification area x $0.06
Group H Alarm System Addition/Alteration	$250.00 + sq. ft. of building/modification area x $0.06
Commercial Plan Review	$130.00 Per Hour (Minimum 1 Hour)
Racking Plan Review	$130.00 Per Hour (Minimum 1 Hour)
Subdivision and Apartment Complex Review	$650.00 + number of lots/unit x $11.00
Fire Pump and Related Equipment	$750.00 per pump
Kitchen Hood System	$500.00 per system
Underground Fire Line	$400.00 + $25.00 per hydrant
Emergency Responder Radio Coverage	$500.00 per system

Email: swelsh@harrisonfd.com

Building Owner Name: _____

Address: _____ City: _____ State: _____ Zip:

Phone: _____ Mobile: _____ Email: _____

Contractor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: Email:

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Email: _____

Plans Prepared By:

Architect ☐ Engineer ☐ Certified Alarm/Sprinkler Designer ☐

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: Email:

I hereby certify that all information on this application is true, accurate and complete to the best of my knowledge.

Project Cost: _____

Total Square Footage: _____ _____

Signature

Fire Department use only below this line

☐ Approved ☐ Correction Letter

Plans Examiner Name: _____ Signature: _____