



**CITY of  
NORTH  
OLMSTED**

**APPLICATION FOR PLUMBING, SPRINKLER OR FIRE SUPPRESSION PERMIT**

**INSTRUCTIONS: An Application for Plan Approval and General Building Permit must be submitted with this form if one has not been submitted for the project.**

**PROJECT/BUILDING LOCATION**

Street Address:

Residential

Commercial

Application Date:

Anticipated Completion Date:

**OWNER INFORMATION**

Name of Owner:

Attention:

Street Address:

City:

State:

Zip Code:

Phone:

Email:

**CONTRACTOR INFORMATION**

Name of Contractor:

Attention:

Street Address:

City:

State:

Zip Code:

Phone:

Email:

If a corporation, name of individual authorized to act on behalf of corporation:

Title:

Signature of individual listed above.

I certify that all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.

X \_\_\_\_\_

**Permit holder is responsible for arranging inspections. Provide the correct address and permit number when calling for inspections. 24 hour notice requested for inspection.**

**PLUMBING - Indicate number to be installed (see Sections 1321.01 and 1321.03 for fee schedule)**

- |  |   |
|--|---|
| <input type="checkbox"/> Fixture Traps               | <input type="checkbox"/> Grease Interceptors (1,000 Gal.) |
| <input type="checkbox"/> Sump Pumps/Ejectors         | <input type="checkbox"/> Grease Traps                     |
| <input type="checkbox"/> Water Heaters/Storage Tanks | <input type="checkbox"/> Sewage Ejectors                  |
| <input type="checkbox"/> Catch Basins                | <input type="checkbox"/> Gas Outlets                      |
| <input type="checkbox"/> Building Drain, LF          | <input type="checkbox"/> Oil Separators                   |
| <input type="checkbox"/> Lawn Sprinklers             | <input type="checkbox"/> Air Admittance Valves            |
| Certification Number for Backflow Prevention: _____  | <input type="checkbox"/> Other: _____                     |

**SPRINKLER/FIRE SUPPRESSION- Indicate number to be installed (see Section 1321.01 for fee schedule)**

- |   |   |                             |
|---|---|-----------------------------|
| <input type="checkbox"/> Sprinkler Heads              | <input type="checkbox"/> Fire Line, Exterior LF | Construction Cost: \$ _____ |
| <input type="checkbox"/> Chemical Suppression Systems | <input type="checkbox"/> Floor Area, SF         |                             |

Architect

Engineer

Certified Designer

Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

**OFFICIAL USE ONLY**

Application/Permit Number \_\_\_\_\_ Issued Date: \_\_\_\_\_

Permit Cost \$ \_\_\_\_\_ Plan Review Cost \$ \_\_\_\_\_