



COMMUNITY RISK REDUCTION BUREAU • FIRE STATION #4
 8210 W. SYLVANIA AVE. • SYLVANIA, OHIO 43560-9646
 PHONE 419-882-7676 • FAX 419-885-1733
 WWW.SYLVANIATOWNSHIP.COM



SYLVANIA FIRE - EMS

PLAN REVIEW APPLICATION FOR

- Automatic Sprinkler System (\$100)
- Fire Alarm System (\$100)
- Suppression System (\$50.00)
- Standpipe Systems without sprinkler systems (\$100.00)

Check All That Apply:

Site Address:	
Occupant:	
Contractor Name:	Contractor's E-mail:
Contractor's Address:	
Phone: Fax:	
Representative:	Representative Phone #:
Representative E-mail:	
Company State Certification #:	Installer State Certification #:
(Installer will be required to produce license at inspection/test)	
Type of Improvement:	
<input type="checkbox"/> New Alarm <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> New Hood <input type="checkbox"/> New Build <input type="checkbox"/> Modification (Alteration) <input type="checkbox"/> Modification (Addition) <input type="checkbox"/> Other	

Water Supply: City Water (Flow test required) Static Pressure _____ psi
 Residual Pressure _____ psi, at _____ gpm
 _____ Stationary Pump (Per NFPA No. 20)
 Rated Capacity _____ gpm
 (Attach Specifications) _____ Other (Describe on separate paper)
 Rated Pressure _____ psi

Pursuant to Ohio Fire Code, Section 104 (General Authority and Responsibilities) and Section 105 (Permits), the Sylvania Township Fire Department charges a fee for plan review and specific operational permits for projects within the fire district.

Checks or money orders should be made payable to the **Sylvania Township Fire Department**. Cash, check or money orders are the only forms of payment accepted.

Applications may be submitted in person, weekdays between 8:00 a.m. and 4:30 p.m. or mailed to: Sylvania Township Fire Department, Firehouse No. *4, 8210 Sylvania Avenue, Sylvania, OH 43560.

ALL PLANS MUST ALSO BE SUBMITTED TO THE LUCAS COUNTY BUILDING DEPARTMENT

FOR FIRE DEPARTMENT US ONLY		
Date Received: _____	Amount Paid: _____	Check # _____
Date Reviewed: _____	Plan review # _____	Receipt # _____
Comments: _____		