



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"> <li>• Static Pressure _____psi</li> <li>• Residual Pressure ___psi a _____ gpm</li> </ul> <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>
---	---

- 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: \_\_\_\_\_ / /

<b>FOR DEPARTMENT USE ONLY</b>	
Date Received:	
Date Forwarded:	
Date Returned:	
Date Issued:	
Permit #:	