

**COMMERCIAL****MECHANICAL PERMIT APP.**

HVAC NEW, ALTERATIONS, REPLACE.  
 ALL FIRE PROTECTION SYSTEMS  
 FUEL-GAS, EXHAUST HOOD,  
 HOOD SUPPRESSION

**VILLAGE OF FAIRFAX, OHIO****BUILDING DEPARTMENT**

5903 HAWTHORNE STREET, CINCINNATI, OH 45227  
 PHONE: (513) 675-3640 FAX (513) 271-4178

USE BALL POINT PEN OR TYPE

**APPLICATION NUMBER**

DO NOT WRITE IN THIS SPACE

**1 PROJECT ADDRESS:** \_\_\_\_\_

2 NAME	STREET ADDRESS	CITY	ST.	ZIP CODE	PHONE NO.
OWNER					
CONTRACTOR					
DESIGNER					
APPLICANT					
APPLICANT'S E-MAIL ADDRESS				FAX NO.	

**3 ESTIMATED COST (L+M):** \_\_\_\_\_ **4 APPROX. START DATE:** \_\_\_\_\_ **5 APPROX. FIN. DATE:** \_\_\_\_\_

**6 HVAC WORK:** New  Alteration  System Replacement  Equip. Replacement  Exhaust Hood  Fuel-Gas

**7 HVAC WORK DESCRIPTION:** \_\_\_\_\_

A. TYPE I HOOD: Total No. of Type I Hoods: \_\_\_\_\_ Total Length of All Type I Hoods: \_\_\_\_\_ ft.

B. TYPE II HOOD: Total No. of Type II Hoods: \_\_\_\_\_ Total Length of All Type II Hoods: \_\_\_\_\_ ft.

C. TOTAL NUMBER OF FUEL-GAS METERS: \_\_\_\_\_ OPERATING PRESSURE: STANDARD  HIGH

D. NEW EQUIP.: Type \_\_\_\_\_ Fuel \_\_\_\_\_ Input \_\_\_\_\_ Output \_\_\_\_\_ Weight \_\_\_\_\_ lbs.

E. EXIST. EQUIP.: Type \_\_\_\_\_ Fuel \_\_\_\_\_ Input \_\_\_\_\_ Output \_\_\_\_\_ Weight \_\_\_\_\_ lbs.

**8 FIRE PROTECT. SYSTEM:** Fire Alarm  Building Sprinkler  Limited Area  Hood Suppression  Underground Fire Line   
 New System  System Alteration  System Replacement

**9 FIRE PROTECTION DESCRIPTION:** \_\_\_\_\_

**10 HOOD SUPPRESSION:** INSTALLER NUMBER: \_\_\_\_\_ DESIGNER NUMBER \_\_\_\_\_

**11 FIRE ALARM SYSTEM:** INSTALLER NUMBER: \_\_\_\_\_ DESIGNER NUMBER \_\_\_\_\_

A. SUPERVISION: Central Station  Proprietary System  Remote System  Supervisory Service  Other

**12 SPRINKLER SYSTEM:** NFPA 13  NFPA 13R  NFPA 13D  OTHER \_\_\_\_\_

A. SPRINKLER DATA: INSTALLER NUMBER: \_\_\_\_\_ DESIGNER NUMBER \_\_\_\_\_

NUMBER OF HEADS: \_\_\_\_\_ DEMAND AT BASE OF RISER: \_\_\_\_\_ gpm @ \_\_\_\_\_ psi

B. HAZARD CLASS: Light  Ordinary Group 1  Ordinary Group 2  Extra Group 1  Extra Group 2

C. SUPERVISION: Locked Open  Central Station  Proprietary System  Remote System  Supervisory Service

The owner of this building and undersigned, do hereby covenant and agree to comply with all of the laws of the State of Ohio and with the ordinances of the Village of Fairfax, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with drawings and specifications submitted herewith, and certify that all of the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

**NOTE: FILING THIS APPLICATION DOES NOT CONSTITUTE PERMISSION TO BEGIN WORK.**

APPLICANT'S PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 DO NOT WRITE BELOW THIS LINE

PERMIT APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_ CLARIFICATION MEMO  ITEMS \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ PERMIT FEE \_\_\_\_\_ OBBS FEE \_\_\_\_\_ TOTAL FEE \_\_\_\_\_ BAL. DUE \_\_\_\_\_  
 CoMechApp.xls 07/01/16