



# WOOD COUNTY BUILDING INSPECTION

One Courthouse Square, Bowling Green, Ohio 43402

Phone (419)354-9190 Fax (419)373-6786

Email: [buildinginspection@woodcountyohio.gov](mailto:buildinginspection@woodcountyohio.gov)

<https://wcbinspect.co.wood.oh.us>

## FIRE ALARM PERMIT APPLICATION

Name of Facility \_\_\_\_\_ County \_\_\_\_\_

Site Address \_\_\_\_\_ City/Twp. \_\_\_\_\_

Located N S E W side, between \_\_\_\_\_ and \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Description of Work: \_\_\_\_\_ Number of Devices: \_\_\_\_\_

**\*\*Devices include, but are not limited to: Pull stations, Detectors, Strobe Lights, Panels, Alarms, etc.\*\***

### PERMIT FEES

**NOTE:** Identify the Ohio Licensed

Alarm Installer

Base Fee	\$ 125.00
Plan Review Fee	\$ 125.00
\$ 5.00 per Device	\$ _____
<b>SUBTOTAL</b>	\$ _____
Add 3% State Fee	\$ _____
<b>TOTAL</b>	\$ _____

Signature: **X** \_\_\_\_\_

Print Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Building Permit No. \_\_\_\_\_

Email: \_\_\_\_\_

Fire Alarm Permit No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Date: \_\_\_\_\_

File No. \_\_\_\_\_

The undersigned hereby makes application for a permit for the installation, replacement or alteration of fire alarm equipment as herein specified, agreeing to do all such work in strict accordance with 2017 Ohio Building Code, 2016 NFPA 72; and to save Wood County, Ohio harmless from any and all damages. I understand that the permit issued as a result of this application will expire within one (1) year from issue date if the work has not commenced or lack of any progress.