



# FIRE SUPPRESSION APPLICATION

CITY OF MADISON HEIGHTS

[www.madison-heights.org](http://www.madison-heights.org)



**COMMUNITY DEVELOPMENT  
DEPARTMENT  
BUILDING DIVISION  
300 W. THIRTEEN MILE RD.  
MADISON HEIGHTS,  
MICHIGAN 48071  
(248) 583-0831  
FAX (248) 588-4143**

**FIRE DEPARTMENT  
FIRE PREVENTION BUREAU  
31313 BRUSH STREET  
MADISON HEIGHTS,  
MICHIGAN 48071  
(248) 588-3605  
FAX (248) 588-3604**

**PERMIT TYPE:****CIRCLE ONE****IN EACH****COLUMN**

SPRINKLER

DRY/WET CHEMICAL

GAS SUPPRESSION

HOOD SUPPRESSION

PAINT SPRAY BOOTH

STANDPIPE

**TYPE:**

HYDRAULIC

PIPE SCHEDULE

**# OF SYSTEMS:**

ENTER NUMBER

IN BOX

**PROPERTY ADDRESS & INFORMATION**

STREET NUMBER

STREET NAME

UNIT NUMBER

NAME OF BUSINESS AT THIS LOCATION

**APPLICANT INFORMATION:**

CONTRACTOR NAME AS SHOWN ON LICENSE

STREET ADDRESS

( )

PHONE NUMBER

CITY

STATE

ZIP

( )

FAX NUMBER

NOTE: ALL CONTRACTORS MUST REGISTER WITH THE CITY ON A SEPARATE FORM

**PROPERTY OWNER:**

FIRST NAME

LAST OR BUSINESS NAME

STREET ADDRESS

CITY

STATE

ZIP

( )

PHONE NUMBER

ALL REQUESTED INFORMATION MUST BE PROVIDED - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

**FILL IN ONE OF THE NEXT TWO BOXES BELOW COMPLETELY  
DEPENDING ON THE TYPE OF SYSTEM**

**FIRE SPRINKLER SYSTEMS:**

CONSTRUCTION COST: \_\_\_\_\_ (INCLUDE ALL COSTS INCLUDING WATER SUPPLY)

TOTAL BUILDING SQUARE FOOTAGE: \_\_\_\_\_ # OF FIRE AREAS: \_\_\_\_\_

TOTAL # OF HEADS: \_\_\_\_\_ BACKFLOW PREVENTER: NEW \_\_\_\_\_ EXISTING \_\_\_\_\_

CURRENT CERTIFICATION: YES \_\_\_\_\_ NO \_\_\_\_\_

WATER UTILITIES: NEW \_\_\_\_\_ EXISTING \_\_\_\_\_ SIZE \_\_\_\_\_

FINISH FLOOR ELEVATION: \_\_\_\_\_ FINISH GRADE ELEVATION: \_\_\_\_\_

KNOX BOX ON BUILDING?: YES \_\_\_\_\_ LOCATION \_\_\_\_\_

NO \_\_\_\_\_ (IF NO, OBTAIN APPLICATION FROM F.D.)

**DRY/WET CHEMICAL OR GAS, HOOD SUPPRESSION, SPRAY BOOTH OR STANDPIPE:**

CONSTRUCTION COST: \_\_\_\_\_ (INCLUDE ALL COSTS INCLUDING WATER SUPPLY)

SUPPRESSION AGENT: \_\_\_\_\_ # OF POUNDS OF AGENT: \_\_\_\_\_

TOTAL # OF HEADS/NOZZLES: \_\_\_\_\_

BACKFLOW PREVENTER: NEW \_\_\_\_\_ EXISTING \_\_\_\_\_

CURRENT CERTIFICATION: YES \_\_\_\_\_ NO \_\_\_\_\_

KNOX BOX ON BUILDING?: YES \_\_\_\_\_ NO \_\_\_\_\_ (IF NO, OBTAIN APPLICATION FROM F.D.)

**ARCHITECT OR ENGINEER: (IF APPLICABLE)**

\_\_\_\_\_  
FIRST NAME LAST OR BUSINESS NAME NUMBER STREET NAME

\_\_\_\_\_  
CITY STATE ZIP ( )  
PHONE NUMBER

( )  
FACSIMILE NUMBER (REQUIRED)

SEND PLAN REVIEW COMMENTS TO THE : ☐ ARCHITECT/ENGINEER ☐ APPLICANT

**ALL SUBMISSIONS MUST INCLUDE TWO (2) COPIES OF THE CONSTRUCTION DOCUMENTS. ONE COPY MUST BE A FULL SIZE COPY (24" X 36" MAXIMUM) TO SCALE, AND ONE COPY MUST BE NO LARGER THAN 11" X 17" INCHES. ALL REDUCED COPIES MUST BE FULLY LEGIBLE AND HAVE A GRAPHIC SCALE. REVERSED TEXT DRAWINGS WILL NOT BE ACCEPTED. A PDF IS ALSO REQUIRED AND MAY COME IN E-MAIL, CD OR USB FLASH DRIVE FORMAT.**

**DESCRIBE THE OVERALL SCOPE OF THE WORK**

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**THE FOLLOWING ATTACHMENTS ARE PART OF THIS APPLICATION FORM:**

- ✓ **MADISON HEIGHTS FIRE RISER DETAIL**
- ✓ **FIRE DEPARTMENT MINIMUM PLAN REVIEW REQUIREMENTS**
- ✓ **BUILDING DEPARTMENT LOCAL REQUIREMENTS FOR INSPECTION OF FIRE PROTECTION SYSTEMS**
- ✓ **INSPECTION PROCEDURES**
- ✓ **MADISON HEIGHTS FIRE SUPPRESSION DESIGN CRITERIA**
- ✓ **FIRE SUPPRESSION PERMIT FEE SCHEDULE**
- ✓ **FIRE SUPPRESSION FEE WORKSHEET (TO BE RETURNED WITH APPLICATION)**
- ✓ **PERMIT PROCESS FLOW CHART**

**PERMITS ARE NOT TRANSFERABLE AS TO PERSON OR PLACE AND ARE NOT REFUNDABLE. ISSUANCE OF A PERMIT DOES NOT GUARANTEE COMPLIANCE WITH ANY CODE. PLAN REVIEWS NOTE ALL OBSERVED DEFECTS AND ARE SUBJECT TO FIELD CORRECTION. COMPLETED WORK MUST BE INSPECTED IMMEDIATELY. THE APPLICANT SHALL BE RESPONSIBLE FOR OBTAINING PERMITS AND INSPECTIONS AND PAYMENT OF FEES. IF WORK IS STARTED BEFORE A PERMIT IS ISSUED AN ADDITIONAL INVESTIGATIVE FEE WILL BE ASSESSED.**

**SECTION 23a OF THE STATE CONSTRUCTION CODE ACT OF 1972, ACT 230 OF THE PUBLIC ACTS OF 1972, BEING SECTION 125.15321 OF THE MICHIGAN COMPILED LAWS, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THE STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.**

**APPLICANT SIGNATURE:**

**I HEREBY CERTIFY THAT I HAVE RECEIVED, READ AND UNDERSTAND THIS FORM AND THE ABOVE ATTACHMENTS AND THAT ALL INFORMATION PROVIDED HEREIN IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
DATE OF BIRTH

	FEES:	PAID:	
Admin Fee	<u>\$125.00</u>	<u>                    </u>	Permit #: <u>                                    </u>
Permit Fee:	<u>\$</u> <u>                    </u>	<u>                    </u>	Date Issued: <u>                                    </u>
Mech Insp:	<u>\$70.00</u>	<u>                    </u>	Issued by: <u>                                    </u>
Plan Review Fee: ( minimum)	<u>\$150.</u>	<u>                    </u>	
Contractor Registration:	<u>                    </u>	<u>                    </u>	
Investigative Fee:	<u>                    </u>	<u>                    </u>	
Other:	<u>                    </u>	<u>                    </u>	
TOTAL:	<u>                    </u>	<u>                    </u>	

<b>OFFICE USE ONLY:</b>	
APPROVED BY _____	DATE _____
COMMENTS: _____	