



FIRE SUPPRESSION APPLICATION

CITY OF MADISON HEIGHTS

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 FOUR COPIES OF THE CONSTRUCTION DOCUMENTS. TWO COPIES MUST BE A FULL SIZE COPY (24 X 36 MAXIMUM) TO SCALE, AND TWO COPIES 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.

DESCRIBE THE OVERALL SCOPE OF THE WORK

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

OFFICE USE ONLY

	FEES:	PAID:	
Admin Fee	_\$125.00__	_____	Permit #: _____
Permit Fee:	_\$_____	_____	Date Issued: _____
Mech Insp:	_\$70.00__	_____	Issued by: _____
Plan Review Fee: (minimum)	_\$150.____	_____	
Contractor Registration:	_____	_____	
Investigative Fee:	_____	_____	
Other:	_____	_____	
TOTAL:	_____	_____	

OFFICE USE ONLY:

APPROVED BY _____

DATE _____

COMMENTS: _____