Fire Protection System

Information and Permit Application City of Dearborn

HOODS / UL 300

APPLICATION

- Permits are required if you are repairing, replacing or altering any portion of a fire protection system. (Maintenance does not require a permit.)
- Contractors must be licensed by the State of Michigan and registered with the City of Dearborn.
- Permit applications and required documents are reviewed by the Fire Marshal Office.
- To avoid delays in processing and to avoid revision fees, make sure your application is filled out completely and submitted with all required documents.

REQUIRED DOCUMENTATION

The following documentation will be required from each contractor:

- Three (3) sets of scaled drawings, signed and sealed by a registered design professional (NICET III or PE)
- One (1) copy of product specifications or cut sheets
- One (1) copy of hydraulic calculations for sprinkler systems or documentation for scheduled pipe systems (Plumbing Contractor Only)
- Scope of work must be provided on drawings. All rooms must be labeled or visual device is required.
- One (1) set of digital plans. Cut sheets and battery calculations may also be submitted digitally.
 Digital plans may be submitted on disk or USB, or emailed to firemars@ci.dearborn.mi.us
 A processing fee will be applied for failure to submit digital plans.

FEES

Administrative Permit Processing Fee: \$ 100.00 (non-refundable, due upon submittal)

Processing Fee to Convert to Digital:

First 10 Pages \$ 25.00 Each Additional Page \$ 2.00

FD Plan Review Fee: \$ 200.00 (due upon submittal)
 Minimum Permit Fee: \$ 100.00 (due upon permit issuance)
 Mechanical Permit Inspection Fee: \$ Determined by the scope of work
 Mechanical Plan Review Fee: \$ 50.00 (due upon permit issuance)

Revision Fee: \$ 75.00
Reinspection Fee: \$ 50.00

Payment is preferred by check, payable to "City of Dearborn." Payment may also be made by credit card or cash.

PLAN REVIEW and PROCESSING

- Please allow ten (10) business days for processing.
- If there are deficiencies or insufficient information on the required documentation, the contractor will be contacted and asked to provide missing or additional information. Revision fees may apply.
- The contractor will be contacted when plans are approved and a permit is ready to be issued. Permits are issued at the Dearborn Administrative Center, located at 16901 Michigan Avenue.

INSPECTIONS

Inspections are required and scheduled by calling the Fire Marshal Office at (313) 943-2838.

- At time of inspection ensure all equipment is in place and conforms with submitted plans.
- Horns and strobes must activate when system is tripped. If building fire alarm is provided, kitchen hood must activate alarm.
- System must shut down electrical and gas under hood.

PERMIT EXPIRATION

A permit remains valid as long as work is progressing and inspections are requested and performed. A permit will expire if the authorized work is not commenced within six months of permit issuance or if the authorized work/project is suspended or abandoned for period of six months after commencing work. Expired permits may be extended for a fee of ½ the original permit fee.



FIRE PROTECTION SYSTEM PERMIT APPLICATION HOODS / UL300

FOR OFFICE USE ONLY
Permit Number
Date Submitted
Permit Clerk
Date Approved

I. LOCATION / BUSINESS / PROJECT INFORMATION					Date Appr		
Site Address:							
Business Name:							
Building Name & Number:			Suite #:				
Scope of Work:New SystemExisting System	m						
Project Manager:							
Contact Phone # :		Email:					
II. FEES	T	_					
SUBTOTAL PERMIT FEES (minimum \$100)							
PERMIT PROCESSING FEE	100.00						
FD PLAN REVIEW FEE	200.00						
MECHANICAL PLAN REIVEW FEE	50.00						
MECHANICAL PERMIT INSPECTION FEE							
DIGITAL PROCESSING FEE (\$25.00 plus \$2.00 each page over 10 pages)							
TOTAL PAYMENT DUE							
Checks payable to "City of Dearborn"							
III. APPLICANT INFORMATION / AFFIDAVIT							
Name of Registered Company							
Name of Registered Person of Company							
Company Address			City			State	Zip Code
City of Dearborn Registration #				Expiration Da	ate		- 1
Worker's Disability Compensation Insurance Carrier (or reason for exemption)							
Employer Identification Number (or reason for exemption)				Employer Nur son for exemp			
I affirm that the information provided in this application ar acceptance of the permit shall constitute an agreement to ab			drawing	s, which are a	a part of this		on, is accurate. The
Authorized Signature				Date			