

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. ٠
- 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 ٠ 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 ٠ 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
 - Each Additional Page
- FD Plan Review Fee: •
- Minimum Permit Fee: •
- Mechanical Permit Inspection Fee: •
- Mechanical Plan Review Fee: •
- **Revision Fee:** •
- •

- \$ 25.00
- \$ 2.00
- \$ 200.00 (due upon submittal)
- \$ 100.00 (due upon permit issuance)
- \$ Determined by the scope of work
 - \$ 50.00 (due upon permit issuance)
- \$ 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 ٠ 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 1/2 the original permit fee.

A MARKY MARKY	CITY OF DEARBORN PERMIT & PLAN REVIEW OFFICE			FOR OFFICE USE ONLY				
The town or ment	FIRE PROTECTION SYSTEM PERMIT APPLICATION			Permit Number				
	HOODS / UL300			Date Submitted				
				Permit Clerk				
				Date Approved				
I. LOCATION	V / BUSINESS / PROJECT INFORMATION	l						
Site Addre	ss:							
Business I	Name:							
Building Name & Number:				ite #:				
Scope of Work:								
Project Manager:								
Contact Phone # : Email:								
II. FEES	ERMIT 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	e to "City of Dearborn"							
III. APPLICANT INFORMATION / AFFIDAVIT Name of Registered Company								
Name of Registered Person of Company								

Company Address		City		Zip Code	
				•	
City of Dearborn Registration #		Expiration Date			
Worker's Disability Compensation					
Insurance Carrier (or reason for exemption)					
Employer Identification Number	MESC	MESC Employer Number			
(or reason for exemption)		(or reason for exemption)			

I affirm that the information provided in this application and the accompanying drawings, which are a part of this application, is accurate. The acceptance of the permit shall constitute an agreement to abide by all codes and ordinances enforced by the City of Dearborn.

Authorized Signature____
