



# FIRE SUPPRESSION APPLICATION

CITY OF HIGHLAND PARK

[www.highlandparkmi.gov](http://www.highlandparkmi.gov)

[building@highlandparkmi.gov](mailto:building@highlandparkmi.gov)



CITY OF HIGHLAND PARK  
BUILDING DEPARTMENT  
12050 WOODWARD AVE.  
HIGHLAND PARK, MICHIGAN 48203  
(313) 252-0050 Ext. 209

FIRE PREVENTION BUREAU  
25 Gerald St.  
HIGHLAND,  
MICHIGAN 48203  
(313) 852-3221

PERMIT TYPE:	TYPE:	# OF SYSTEMS:	
CIRCLE ONE IN EACH COLUMN	SPRINKLER	HYDRAULIC	<input type="text"/>
	DRY/WET CHEMICAL	PIPE SCHEDULE	<input type="text"/> ENTER NUMBER
	GAS SUPPRESSION		<input type="text"/> IN BOX
	HOOD SUPPRESSION		<input type="text"/>
	PAINT SPRAY BOOTH		<input type="text"/>
	STANDPIPE		<input type="text"/>

**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 (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS (REQUIRED) \_\_\_\_\_

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 ARE TO BE SUBMITTED IN ELECTRONIC PDF FORMAT. REVERSED TEXT  
DRAWINGS WILL NOT BE ACCEPTED.**

**DESCRIBE THE OVERALL SCOPE OF THE WORK**

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

- ✓ FIRE RISER DETAIL
- ✓ FIRE DEPARTMENT MINIMUM PLAN REVIEW REQUIREMENTS
- ✓ BUILDING DEPARTMENT LOCAL REQUIREMENTS FOR INSPECTION OF FIRE PROTECTION SYSTEMS
- ✓ INSPECTION PROCEDURES
- ✓ 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 CDD:	_\$50.00_	_____	Permit #: _____
Admin Fee FD:	_\$100.00_	_____	Date Issued: _____
Mech Insp:	_\$75.00_	_____	Issued by: _____
Plan Review Fee:	_____	_____	
Contractor Registration:	_\$15.00_	_____	
Investigative Fee:	_____	_____	
Other:	_____	_____	
TOTAL:	_____	_____	

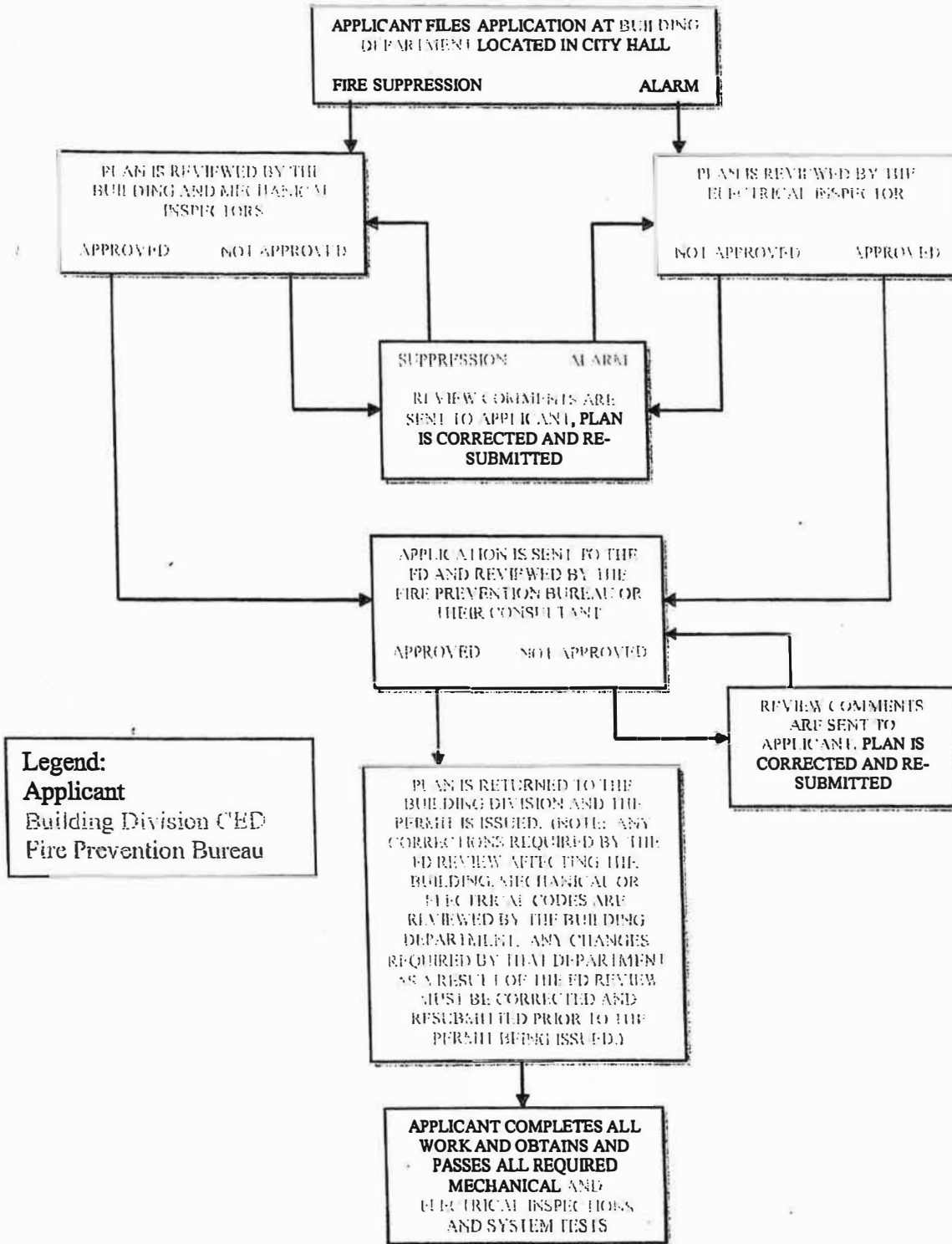
OFFICE USE ONLY:

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

# CITY OF HIGHLAND PARK

## FIRE SUPPRESSION AND FIRE ALARM PERMIT PROCESS



HIGHLAND PARK FIRE DEPARTMENT  
 "RIGHT-TO-KNOW"  
 EMERGENCY CONTACT FORM

A. Address

Telephone Number

B. Business Name

Fax Number

C. EMERGENCY CONTACTS:

**\*INCLUDE AREA CODE\***

<u>FIRE ALARM Company</u>	<u>*Telephone Number*</u>
<u>SECURITY ALARM Company</u>	<u>*Telephone Number*</u>

D. PRINT Personal AFTER-HOUR Contact Names/Title

\*Phone Number\*

1.	
<u>EMAIL:</u>	
2.	
<u>EMAIL:</u>	
3.	
<u>EMAIL:</u>	
4.	
<u>EMAIL:</u>	

Completed By:  
 (Please Print) \_\_\_\_\_

Update as of this date: \_\_\_\_\_

Complete this form and give to the fire inspector at the time of the inspection.