



City of Columbus

Development Department

Building Services Division

FIRE PROTECTION INSPECTION REQUEST FORM – FAX COPY

FAX # 645 - 8358

JOB SITE ADDRESS

DATE REQUESTED

CONFIRMED DATE / TIME

- FIRE ALARM WITNESS TEST
- FIRE SUPPRESSION HYDROSTATIC TEST
- HVAC SYSTEM TEST
- ELECTRICAL SYSTEM TEST
- ROUGH SUPPRESSION
- FINAL SUPPRESSION

Regular Business Hours

After Regular Business Hours

Application #

Total device fee assessed \$

Final Inspection fee assessed \$

Total fees assessed \$

SOFT ACCOUNT #

PIN #

AUTHORIZED SIGNATURE OF ACCOUNT

PERMIT NUMBER
FIRE ALARM #
FIRE SUPPRESSION #

CONTRACTOR INFORMATION
CONTACT PERSON

CONTACT PHONE NUMBER

#	Fire Alarm Devices	#	Fire Alarm Devices	#	HVAC Devices	#	Electrical Systems
	Manual Pull Stations		Egress Control Devices		Smoke Control System		Generator test
	A/V Units		Hold Open Devices		Duct Detectors		Fire Pump Test
	Smoke/Heat Detectors		Fire Shutter		Smoke Dampers		Fire Suppression Systems
	Elevator Recall		Sprinkler Flow Alarm		Hood/Suppression Alarm		
	Electric Strikes		Sprinkler Tamper Device		FM 200		Sprinkler Heads
	Other:		Other:		Stairway Pressurization		Risers
					Other:		

Comments and Jobsite Location Details:

FIRE PROTECTION COMPANY NAME

F/A INSTALLER SIGNATURE

DATE

FIRE PROTECTION LICENSE #

F/S INSTALLER SIGNATURE

DATE

FIRE SUPPRESSION LICENSE #