



**APPLICATION FOR COOKING EXHAUST HOOD SYSTEMS PERMIT**

**Jackson Township Fire Department - Fire Prevention Bureau**

P. O. Box 517 Grove City, OH 43123

Phone: (614) 875-5588 Fax: (614) 875-2691 Email: fire.admin@jacksontwp.org

Site Address: \_\_\_\_\_

Tenant: \_\_\_\_\_ Tenant's Phone #: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contractor's Cell #: \_\_\_\_\_

Company State Certification #: \_\_\_\_\_ State Installer #: \_\_\_\_\_

*Installer will be required to produce State of Ohio Installer's License at inspection/test.*

Contractor Address: \_\_\_\_\_  
Street Address City State Zip

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**~ ALL PLANS MUST BE SUBMITTED THROUGH THE GROVE CITY BUILDING DEPARTMENT ~**

*Type or print all information.*

**KITCHEN HOOD PERMIT**

**Commercial Permit Type:**

Type I or Type II Hood Systems (Cooking Exhaust Hoods only)

**Fees:**

\$50.00 per hood

Number of Hoods: \_\_\_\_\_ X \$50.00 = Total Fees: \_\_\_\_\_

Revised Plans - \$75.00

*Note: If more than one trip for inspection/test is required, a fee of \$75 will be due in advance.*

**If you need help calculating fees, please feel free to contact us at (614) 875-5588 or fire.admin@jacksontwp.org**

***Check or Money Order payable to "Fiscal Officer-Jackson Township"***

*Do not write below this line. Jackson Township Prevention Bureau use only.*

Date Received: \_\_\_\_\_ Date Plans Received (if different): \_\_\_\_\_

PAID: Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Plans Reviewed by: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Permit # Issued: \_\_\_\_\_

Comments: \_\_\_\_\_

### **Directive**

Effective immediately, no Jackson Township Fire Inspector shall conduct any inspection of new fire protection systems or any acceptance test on any fire protection system without proper documentation of an installers (individual) current State of Ohio license through the Ohio Fire Marshal's office, as referenced in the OFC 2010 sections 915.2 and 915.11. Each inspector shall ask to see a current State of Ohio license prior to conducting the test(s) or inspection. The name of the installer, state license number, and expiration date shall be recorded in the inspectors report. The State of Ohio license must be applicable for the type of fire protection system being installed, (i.e. Underground NFPA 24, Aboveground NFPA 13, Fire Alarm Systems NFPA 72). We will no longer accept faxed copies of the installer's state license. If the installer does not have a current Installer's State of Ohio license on his/her person at the time of the test/inspection, the appointment must be rescheduled.