



# Application for Fire Alarm, Sprinkler and Site Plan Review

All applicable information must be provided

2021 International Fire Code

Jackson Fire Dept.

518 N Jackson St

Jackson, MI 49201

(517) 788-4150

[jfdinfo@cityofjackson.org](mailto:jfdinfo@cityofjackson.org)

[www.cityofjackson.org](http://www.cityofjackson.org)

Authority: 1972 PA 230 1941 PA 207	The City of Jackson will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
Completion: Voluntary	
Penalty: Plans will not be reviewed	

**Note: The applicant is responsible for all fees applicable to this application.**

### Facility Information

Facility Name	City of Jackson, Jackson County
Street / Site Address	Parcel No.

### Plan Review Request

<input type="checkbox"/> Fire Suppression Systems (sprinkler systems, kitchen hoods, clean agent, etc.)	<input type="checkbox"/> Fire Alarm
<input type="checkbox"/> Site Plan	

### Building Data

<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration/Renovation
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### Project area information only

Use Group _____	Construction Type _____	No. of Occupants _____
No. of Floors _____	Area/Floor _____/_____/_____	Total Square Footage _____

### Fire Suppression System(s)

<input type="checkbox"/> Entire Building	<input type="checkbox"/> Limited Area _____	<input type="checkbox"/> None
<input type="checkbox"/> School or Government Building Less Than \$15,000.00		

### Description/Scope of Project:

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### Building Owner

Name (Company or Individual)	Contact Person
Address	City, State, ZIP
	Telephone Number (include Area Code)

### Project Architect/Engineer

Name (Company or Individual)	Michigan License Number
Address	Telephone Number (include Area Code)
City, State, ZIP	E-mail Address
	Fax Number (include Area Code)

### Applicant (Note: All correspondence will be sent to this address)

Name of Company	FEIN
Applicant Name	E-mail Address
Address	City, State, ZIP
	Telephone Number (include Area Code)
Applicant Signature (must be original signature)	Date
	Fax Number (include Area Code)

### Fees (Office Use Only)

Construction Type _____	Use Group _____	Project area square feet _____
Spreadsheet Est. Const. Value \$ _____		Contractor Est. Const. Value \$ _____

**Plan Review Fee \$100.00 (Make Checks payable to City of Jackson)**

## Instructions for Application for Plan Review

**Facility Information:** Provide all requested information.

**Building Data:** Provide all requested information, the building use (assembly, mercantile, storage, business, etc.), construction type, and number of occupants, etc.

**Plan Review Request:** Mark all plan reviews desired or required.

**Project Architect/Engineer:** Provide all requested information.

**Applicant:** Provide all requested information with a signature. All correspondence will be sent to this address, and this entity will be responsible for all fees.

## Required Submittals for Plan Review

For each project, submit a completed application, and Plan Review Fees. Submit the following quantities of construction documents with **original seals and signatures** in accordance with 1980 PA 299. Upon final Plan Review approval, submit an electronic copy in pdf format on a compact disk. Fire sprinkler shop drawings and computations are not required to be sealed by a design professional.

### REQUIRED DOCUMENTATION

The following documentation will be required from each contractor:

- One (1) 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
- Scope of work must be provided on drawings. Commodity classification being protected must be identified.
- 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 [jfdinfo@cityofjackson.org](mailto:jfdinfo@cityofjackson.org)

### Fire Code:

- 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
- Permit applications and required documents are reviewed by the Jackson Fire Department
- To avoid delays in processing and to avoid revision fees, make sure your application is filled out completely and submitted with all required documents.

## Fees

A **\$100.00** payment is required when plans are submitted and is non-refundable. ***Plan Review Fees are non-refundable after plans have been reviewed.*** Fees may be paid at the Fire Department by check via drop off during normal business hours or mail.

Outstanding fees must be paid in full before approval.

## Upon Receipt of All Applications

Correspondence concerning the requested plan reviews will be sent to the applicant and the project architect/engineer, if one is provided.

**Submit Plans and payment to:**

Jackson Fire Department  
Attn: Fire Prevention  
518 N Jackson St, Jackson, MI 49201  
(517) 768-2720