The UNIVERSITY *of* OKLAHOMA HEALTH CAMPUS

Department of Building Safety

Office of the Fire Marshal

FS

Fire Sprinkler Permit Application

This form must be completely filled out in order to process your application for plan review and permitting.

PROJECT INFORMATION					
Project Name			**Date**		
Project Address					
Phased Project	☐ Yes ☐ No		**If Yes, Phase #**		
Occupancy Type	Choose an item		**Hazard Classification**		
Total Square Footage of Protected Area			**Fee = Ft² x $0.06 (Min. Fee $250.00)**	**$ (+ $4.00 OUBCC)**	

BUILDING SYSTEMS INFOMATION					
Fire Alarm Installed	☐ Yes ☐ No		**Elevator Installed**	☐ Yes ☐ No	
Dry System	☐ Yes ☐ No		**Pre-Action System**	☐ Yes ☐ No	
Standpipe Installed	☐ Yes ☐ No		**Alternative Suppression Installed**	☐ Yes ☐ No	

OWNER / OWNER'S AUTHORIZED AGENT (Responsible for submitting permit application)			
Owner/OAA			
Address (include Zip)			
Email		**Phone**	

DESIGNER AND COMPANY INFORMATION					
Designer Name				**Phone**	
Email					
Company Name				**Company Phone**	
Company Address				**Company License**	
Technician Name		**Cell**		**License**	

REMARKS / SCOPE OF PROJECT

Form DBS-FSP, Rev. 4 (07/01/25)

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