The UNIVERSITY *of* OKLAHOMA HEALTH CAMPUS

Department of Building Safety

Office of the Fire Marshal

FSS

Fire Suppression System 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					
System Type	Choose an Item				
System Manufacturer					
Agent Type	Choose an Item		**Number of Systems**		
BUILDING SYSTEMS INFOMATION					
Is Building a Highrise	☐ **Yes** ☐ **No**		**System Located on what Floor**		
Does Building have a Fire Alarm System	☐ **Yes** ☐ **No**		**Is Building Protected with a Fire Sprinkler System**	☐ **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					

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