

City of Allen Park

Fire Department



6730 Roosevelt, Allen Park, Michigan 48101
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Chief Douglas LaFond
NFPA Certified Fire Inspector II & Plan Review
E-Mail dlafond@cityofallenpark.org
Web: www.cityofallenpark.org

Date: _____

Business Information

Business Name: _____ Address: _____ Phone: _____

Owner or Lessee

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contractor: Business Name _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Type of Inspection

- Sprinkler Hydro UL-300 Puff Test Fire Alarm Field Test Annual Fire Insp. Other
 Hydrant Flow Test. Duct Detector Function Test. Certificate of Occupancy. Special Use Insp.
 Medical Facility Licensure Insp. Apartment Inspection. Liquor License Change. Fireworks Sales Site Insp.

Plan Review Required:

Plans must be submitted with an application for Plan Review by the Fire Department, and the appropriate fee paid before a permit can be issued.

Plans and specifications are required for all installations and alterations to Fire Suppression, Detection, and Notification Systems. Site Plans are also required for all Fireworks Displays and Fireworks Sales.

Type of Plan Review

- Sprinkler System Limited Area Sprinkler UL-300 Fire Alarm
 Fireworks Display Occ. Load Calc. Full Fire Safety Plan Review Other

Fee: _____

Building Information

Occupancy Type

- Amusement Church Industrial Parking Garage Retail
 Service Station Medical School General Office Warehouse
 Public Restaurant Utility Other Specify Mercantile
- Describe in detail type of work being done. If the use of an existing building is being changed enter proposed use.
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Type of frame

- Masonry wall Wood Frame Structural Steel Reinforced Concrete Other

Fire and Alarm Systems

- Fire Escape Kitchen Suppression Other Fire Alarm Sprinkler System

Dimensions / Data

Of Stories _____ Use Group _____ # of Occupants _____ Square Footage _____

Applicant Information – Applicant is responsible for payment of all fees and charges applicable to this application and must provide the following information.

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Federal ID Number: _____

I, hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.

Signature of Applicant: _____

Total Fee \$ _____

Department Use

Fee Collected By: _____ Fire Marshal Notified That Fee was paid: _____

Comments: _____

