

APPLICATION FOR HOOD SYSTEM

Planning & Zoning Department, O'Fallon City Hall
255 South Lincoln Avenue, 2nd Floor
O'Fallon, IL 62269 Phone (618)624-4500 #4

(Do not write in this space -- For office use only)

Date: _____, _____

() Permit issue No. _____

() Permit denied reason: _____

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INSTRUCTIONS TO APPLICANTS: All information required by the application must be completed and submitted herewith. Applicants are encouraged to visit the Planning & Zoning Office for any assistance needed in completing this form.

1. Name of property owner(s): _____ Phone: _____

Complete mailing address: _____

E-Mail: _____ Fax: _____

2. Applicant's name: _____ Phone: _____

Complete mailing address: _____

E-Mail: _____ Fax: _____

3. Property interest of applicant (Owner, Contractor, etc.): _____

4. Design professional name: _____ Phone: _____

Contact name: _____

Illinois Design Professional License #: _____

Complete mailing address: _____

E-Mail: _____ Fax: _____

5. Illinois State Fire Marshal Business Registration Number: _____

6. Property Address (9-1-1 approved) of proposed construction: _____

Name and description of proposed type of business: _____

Proposed hood system type of installation: _____ (Type 1, Type 2)

7. () New building (type of structure): _____

() Tenant finish or remodel: _____

8. Total cost of work to be completed: _____

As installed plans, shall be drawn to an indicated scale or be suitably dimensioned and shall be reproducible. The plans shall contain sufficient detail to enable the authority having jurisdiction to evaluate the protection of the hazard(s). The details of the system shall include the make and model of the system and components, the size, length, and arrangement of connected piping and the description and location of the nozzles/heads. Information shall be included pertaining to the location and function of detection devices, operating devices, auxiliary equipment, and electrical circuitry, if used.

The permit must be issued and paid for prior to installation of the hood system.

(Applicant) _____

Dated: _____,

Planning & Zoning Official, City of O'Fallon, Illinois