

# APPLICATION FOR HOOD SYSTEM

Community Development Department, O'Fallon City Hall  
255 South Lincoln Avenue, 2<sup>nd</sup> 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: \_\_\_\_\_

\* \* \* \* \*

**INSTRUCTIONS TO APPLICANTS:** All information required by the application must be completed and submitted herewith. Applicants are encouraged to visit the Community Development Department 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 Fire Equipment Distributor 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 Division Official