

# HARRISON TOWNSHIP FIRE PREVENTION DIVISION

## Harrison Twp Fire Prevention Application

39460 Jefferson, Harrison Twp MI 48045

fireprevention@harrisontownshipmi.gov

Phone : 586-466-1450

Fax : 586-466-1427

Authority: 2015 International Fire Code

Compliance: Mandatory to obtain permit

Penalty: Permit cannot be issued

### Permit Location

Address	Parcel Number
Owner Name	Owner Phone Number
Occupancy Classification:	Square Footage/Construction Type:
Business Name:	

### Applicant/Contractor

Name:	Phone Number:
Street Address:	City State Zip
Email:	

### Type of Permit/Inspection/Plan Review

<input type="checkbox"/> Fire Suppression	<input type="checkbox"/> Tent	<input type="checkbox"/> Occupancy/Use
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Fireworks loading	<input type="checkbox"/> Bonfire
<input type="checkbox"/> Kitchen System	<input type="checkbox"/> Operational	<input type="checkbox"/> Site Plan Review
<input type="checkbox"/> Food Truck	<input type="checkbox"/> Annual Cannabis	
<input type="checkbox"/> Service Provider Registration		
Describe scope of work or operation:		

Plan Submittal is required in the following situations:

1. Construction of any fire protection system
2. Any Site plan Review
3. Any Tent

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4. At the request of the Fire Code Official

5. 3 sets of Plans required, hard copy only

\*Occupancy/Use and Operational Permits require this form to be notarized and Chemical survey to be submitted\*

Signature:	Date:
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Occupancy/Use: \$100*		Site Plan Review: \$125	
Service Provider: Initial \$100/\$50 Renewal		Fireworks Loading: \$100	
Bonfire: \$100			
Kitchen Systems: \$150			
Operational: \$100*			
Fire Suppression System 1-20 Heads: N-\$225/M-\$135			
Fire Suppression 21-100: N-\$400/M-\$200			
Fire Suppression 101-300: N-\$625, M-\$650			
Fire Suppression More than 300: N-\$650, M-\$350			
Fire Alarms 1-10 Devices: N\$200/M \$125			
Fire Alarms 11-25 Devices-N\$250/M\$150			
Fire Alarms 26-50: N\$350/M\$200			
Fire Alarms More than 50: N-\$350, M-\$250			

Total	
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**\* N=New System, M=Modification to an existing System\***

State of Michigan

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me

\_\_\_\_\_, the

undersigned Notary Public, personally appeared

\_\_\_\_\_, personally

known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed

to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public Signature

Notary Public, State of Michigan, County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Acting in the County of: \_\_\_\_\_