



FOR OFFICE USE ONLY
Application # _____
Date _____

APPLICATION FOR EXHAUST HOOD SYSTEMS

Hamilton Township Fire Department- Fire Prevention Bureau

7780 South State Route 48 Hamilton Township, OH 45039

Phone: (513) 334-9689 Email: csanders@hamilton-township.org

Site Address: _____

Tenant: _____ Tenant's Phone # _____

Email: _____ Date of Event _____

Contractor Name: _____ Contractor's Phone # _____

Company State Certification # _____ State Installer # _____

Installer will be required to produce State of Ohio Installer's License at inspection/test.

Company Address: _____

Email: _____ Company Phone # _____

ALL PLANS MUST BE SUBMITTED THROUGH THE WARREN COUNTY, OHIO BUILDING DEPARTMENT

Commercial Permit Type:

Type I or Type II Hood Systems (cooking Exhaust Hoods only)

Fees:

\$50.00 per hood

Number of Hoods: _____ x \$50.00 = **Total Fees:** _____

Revised Plans - \$75.00

Note: If more than one trip for inspection/test is required, a fee of \$75 will be due in advance.

Check or Money Order payable to "Hamilton Township"

Do not write below this line. Hamilton Township Prevention Bureau use only.

PAID: Check # _____ Cash _____ Credit Card Approval # _____

Receipt Number _____

Site reviewed by: _____

Comments:

_____ Date _____ Approved _____ Denied _____

Hamilton Township Prevention
Bureau Authority