



Ocean City Fire Department
Office of the Fire Marshal
301 Baltimore Ave, Ocean City, MD 21842
Phone: 410-289-8780 / Fax: 410-289-8767



Application for Fire Protection System Permit

1. This form must be completed, attached and emailed with ALL plans/specifications to the following email address: OCFM@oceancitymd.gov
2. This form and all requested information is required for a plan review to be initiated. If plans/specifications information is insufficient and incomplete for review, the request will be rejected with a plans/specifications denied fee billed.
3. Request will be returned without the exact property address and fee billing information.
4. You will be billed for review fees and contacted by the Fire Marshal's Office when review is complete.
5. If the submitting and installing contractors do not have a business license with the Town of Ocean City, the review will be rejected.

Required Information

Date Submitted: _____ Project/Business Name: _____

Exact Project Address: _____ Ocean City, MD

Type of System (Choose One): **Fire Alarm** **Sprinkler** **Standpipe** **Fire Pump**
 Emergency Power Generator **Kitchen Hood Exhaust** **Kitchen Hood Extinguishing**
 Smoke Control **Underground Water Supply** **Special Agent Extinguishing System**

Person to be notified when review is completed:

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Company with business license to be billed for review:

Name of Licensed Company: _____

Address: _____

Phone Number: _____ Ocean City Business License #: _____

Email Address: _____

Official Use Only Below

Application Received: _____ Application #: _____

FM Assigned: _____ Reviewed/Permitted/Invoiced (Date): _____