



Robert A. Rodic, CBO
Building Commissioner
383-6312

DEPARTMENT OF BUILDING ZONING AND HOUSING
FAX 216-383-6319

PERMIT APPLICATION FOR MAINTENANCE
OF FIRE PROTECTION EQUIPMENT

Date: _____

Type of work to be performed: Scheduled Work Emergency Work

Work will be performed on:

- | | |
|--|--|
| <input type="checkbox"/> Commercial cooking suppression system | <input type="checkbox"/> Standpipe system |
| <input type="checkbox"/> Commercial exhaust system cleaning | <input type="checkbox"/> Fire detection/signaling system |
| <input type="checkbox"/> Dry/wet chemical suppression system | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sprinkler system | |

Scope of work: _____

Work will be performed at the following location:

Occupant name: _____

Occupant address: _____

Date and time work is to be performed: _____

Contractor Name: _____

Contractor Telephone: _____ Contractor Fax: _____

I, _____, the undersigned applicant, certify the above information is true and correct to the best of my knowledge. I acknowledge proper documentation indicating the above work was performed according to the Standards adopted by the Department of Building, Zoning, and Housing will be forwarded to the Department within 10 working days.

Applicant's Signature

Date

THIS IS NOT A PERMIT

The permit will be returned by fax or mail (as requested) prior to appointment time, contact this office. Working without a permit is subject to a \$100 fine.