

City of Cleveland
Fire Protection Permit Application

This form must be filled out completely in black or blue ink.

Fire Alarm or Fire Sprinkler: _____ Date: _____

Job Site Address: _____

Business Name: _____

REMODELS/ADDITIONS USE
TOTAL JOB COST:

NEW CONSTRUCTION
REQUIRED INFORMATION
Building
Sq. Ft. _____
(number must match plans)

Owner Name: _____

Owner Mailing Address: _____

Owner Phone Number: _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone Number: _____ Contractor Fax Number: _____

Contractor E-mail: _____

Description of Work: _____

Signature

<u>Office Use Only</u>	
Permit Number: _____	
Permit Cost: _____	Pymt. Method: _____
Plan Review Fee: _____	
Total: _____	City Employee: _____