



**CITY OF CLEVELAND**  
Mayor Justin M. Bibb

# Fire Protection Application For Fire Suppression Systems



Fire Prevention Bureau • 1645 Superior Ave., E • 216.664.6664 • F: 216.664.6681  
Hours of Operation: Weekdays 7:30 am to 4:30 pm

All approved permits are subject to revocation for cause at any time.  
*The issuance of a fire permit by the Fire Prevention Bureau does not exempt the applicant from any required review and approval by the Department of Building and Housing.*

<b>This section: City of Cleveland Use Only</b>	PERMIT NUMBER	DATE APPROVED	FEE
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<b>BUILDING PERMIT NUMBER</b>
<b>B-</b>

<b>FACILITY INFORMATION</b>			
NAME OF FACILITY		OCCUPANCY	FACILITY STREET ADDRESS
CITY <b>Cleveland</b>	STATE <b>OH</b>	FACILITY ZIP	FACILITY TELEPHONE NUMBER
FACILITY EMERGENCY CONTACT NAME AND POSITION			EMERGENCY CONTACT TELEPHONE NUMBER

<b>STANDPIPE - SPRINKLER</b>			
PROTECTION TYPE: CHECK APPROPRIATE BOX			
<input type="checkbox"/> Sprinklers <input type="checkbox"/> Standpipe <input type="checkbox"/> Combined Sprinkler/Standpipe <input type="checkbox"/> Engineered System <input type="checkbox"/> Other: _____			
DESCRIPTION		TYPE OF HEAD	TEMPERATURE
<input type="checkbox"/> Wet <input type="checkbox"/> Dry    City Main Size: _____ inches		_____	_____
SIAMESE CONNECTIONS	DESIGNED		# OF HEADS
Number: _____ Size: _____	<input type="checkbox"/> Hydraulically <input type="checkbox"/> Pipe Schedule	_____	_____
RISERS	HEADS: DENSITY	NFPA COMPLIANCE	
Number: _____ Size: _____	_____ GPM/sq. ft	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 20	_____
PUMPS			
Make: _____	Number: _____	_____ GPM at _____ PSI	_____

<b>OTHER SUPPRESSION SYSTEMS</b>			
CHOOSE TYPE	POUNDS OF AGENT	GALLONS OF AGENT	COMPLIANCE
<input type="checkbox"/> Halogenated			Complies with NFPA 12A? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Carbon Dioxide			Complies with NFPA 12? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Dry Chemical			Complies with NFPA 17? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Wet Chemical			Complies with NFPA 17A? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Other: _____			Complies with: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Other: _____			Complies with: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO

## FACILITY INFORMATION

NAME OF FACILITY	FACILITY STREET ADDRESS
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The acceptance of the permit herein applied for shall constitute an agreement on (my/our) part to abide by all the conditions herein contained, and to comply with all ordinances of the City of Cleveland, the laws of the State of Ohio, and all the rules and regulations of the State Fire Marshal, the Chief of the Division of Fire and the Board of Building Standards & Building Appeals, relating to the installation of Fire Protection, Detection or Fire System.

## APPLICANT INFORMATION

APPLICANT NAME AND TITLE (PRINT OR TYPE)		APPLICANT TELEPHONE NUMBER	
APPLICANT STREET ADDRESS	CITY	STATE	ZIP
APPLICANT EMAIL ADDRESS		FIRE PROTECTION LICENSE #	
SIGNATURE <b>X</b>	DATE		

## GENERAL CONTRACTOR COMPANY INFORMATION

COMPANY NAME	OHIO FIRE PROTECTION ANNUAL CERTIFICATION NUMBER		
STREET ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	ESTIMATED COST		
REMARKS			

## PROPERTY OWNER INFORMATION

BUSINESS NAME	OWNER NAME		
OWNER STREET ADDRESS	CITY	STATE	ZIP
OWNER PHONE NUMBER			
PROPERTY OWNER SIGNATURE <b>X</b>	DATE		

## FIRE PREVENTION BUREAU SECTION - DO NOT WRITE IN SHADED AREA

<input type="checkbox"/> Approved	PERMIT NUMBER	CHIEF OF DIVISION PER (NAME)	FIRE PLANS EXAMINER SIGNATURE <b>X</b>	DATE
<input type="checkbox"/> Disapproved				

## COMPLETE APPLICATION INSTRUCTIONS

1. You must submit 3 sets of plans stamped by a certified design professional along with this completed application including Building Permit Number. This application must be filled out by a certified contractor or their representative.
2. The shop drawings will then be examined by the Fire Chief or his designee. Once he/she verifies the devices / heads / gallons of product, etc. he/she will then process the fee. (See the fee schedule)
3. As the Fire Chief or his designee reviews the drawings, he/she will note any changes that are needed to be made.  
**Do not start any job without your approved permit.**
4. Once your plans have been approved for permitting, you will receive a notice to the email you provided along with the fee amount due:
  - A. Upon receipt of approval and fee amount, please bring check or money order made out to "City of Cleveland" for the amount identified in your notice.
  - B. Your stamped plans will be returned, and permit issued at that time. Our office is located at 1645 Superior Ave, Cleveland, Ohio. Office hours for pickup and delivery of plans and permits are Monday thru Friday 8:15am – 4:00pm. Schedule may differ for City Holidays. There is parking in the rear of the building off Rockwell or on E 17th; however, you will need to enter the building at the Superior Ave entrance (corner of E17th & Superior).
  - C. Once work is complete, call 216-664-6664 to schedule inspections. Once inspections are complete, the permitting job is complete.