



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

## Permit Application for the Storage, Handling, Sales or Use of Hazardous Substances/ Materials



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

<b>This section: City of Cleveland Use Only</b>	INVOICE NUMBER	PERMIT NUMBER	ISSUE DATE	EXPIRATION DATE	<b>FEE</b> <span style="font-size: 1.5em;"><b>\$65</b></span>
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FACILITY INFORMATION					
NAME OF FACILITY			FACILITY STREET ADDRESS		
CITY <b>Cleveland</b>	STATE <b>OH</b>	FACILITY ZIP	FACILITY TELEPHONE NUMBER		
FACILITY EMERGENCY CONTACT NAME		POSITION		EMERGENCY CONTACT TELEPHONE NUMBER	
BUSINESS OWNER NAME		BUSINESS OWNER PHONE		BUSINESS OWNER EMAIL	

APPLICANT INFORMATION				
APPLICANT NAME AND TITLE			APPLICANT TELEPHONE NUMBER	
APPLICANT STREET ADDRESS		CITY	STATE	ZIP
APPLICANT EMAIL ADDRESS				
MAIL FINAL PERMIT TO: <input type="checkbox"/> APPLICANT ADDRESS <input type="checkbox"/> FACILITY ADDRESS <input type="checkbox"/> ADDRESS ON CHECK			SPECIAL ATTENTION TO:	
SIGNATURE <b>X</b>		DATE		

The owner of the premises described in the foregoing application hereby grants the lessee or agent permission to store, handle, sell or use the hazardous substances / materials listed in this application at this facility location.

PROPERTY OWNER'S PERMISSION				
PROPERTY OWNER NAME		PROPERTY OWNER TELEPHONE NUMBER		
STREET ADDRESS		CITY	STATE	ZIP
PROPERTY OWNER OR REPRESENTATIVE PRINTED NAME		PROPERTY OWNER OR REPRESENTATIVE SIGNATURE <b>X</b>	DATE	

Make sure that the application is completely filled out, including the property owner's permission section. You must submit a separate application, as well as a separate fee for each hazardous substance category.

Please list all of the Products for that category on the next page: (eg. Flammable Liquids: gasoline, acetone, isopropyl)

Notate Quantity / Storage Method / Location / Intended Use and if it is a "control area".

The section marked Remarks/Special information exists for the convenience of the applicant. You may include any information relevant to the category selected on the application.

Submit the completed the application and a check or money order payable to the "City of Cleveland" to:

City of Cleveland - Fire Prevention Bureau  
1645 Superior Ave., E, 2nd Floor  
Cleveland, Ohio 44114

No permit will last longer than 3 consecutive years. Dip Tanks, Spray Booths, Spray Rooms and Drying/Baking Ovens are the only exceptions to this rule - this permit covers initial installation and remains without an expiration date, unless systems are altered, replaced or transfer ownership.

After the inspector has completed the inspection, s/he will sign-off on the application and the original permit will be mailed to the applicant's designated mailing address. The permit(s) shall be posted in a conspicuous place.

**\*\*\* Please include a business card if you have one \*\*\***

## FACILITY INFORMATION

NAME OF FACILITY	FACILITY STREET ADDRESS
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## CHECK ONE CATEGORY - SEPARATE APPLICATION REQUIRED FOR EACH CATEGORY

<input type="checkbox"/> Flammable Gases	<input type="checkbox"/> Compressed Gases	<input type="checkbox"/> Corrosives	<input type="checkbox"/> Oxidizers
<input type="checkbox"/> Flammable Liquids	<input type="checkbox"/> Combustible Liquids	<input type="checkbox"/> Organic Peroxides	<input type="checkbox"/> Pyroxylin Plastic
<input type="checkbox"/> Flammable Solids	<input type="checkbox"/> Cryogenics	<input type="checkbox"/> Reactive Chemicals	<input type="checkbox"/> Cellulose Nitrate Film
<input type="checkbox"/> Propane (LPG)		<input type="checkbox"/> Other: _____	
(1) Time Installation Fee Only: <input type="checkbox"/> Dip Tanks <input type="checkbox"/> Spray Booths <input type="checkbox"/> Drying / Baking Ovens			

*IF MORE THAN (5) ENTRIES ARE NEEDED, PLEASE USE ADDITIONAL PAGES OR ATTACH A SEPARATE LIST*

PRODUCT NAME	QUANTITY	STORAGE METHOD & LOCATION	INTENDED USE
Remarks / Special Information:			

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 the ordinances of the City of Cleveland, the laws of the State of Ohio, and all the rules and regulations of the State Fire Marshall, the Chief of the Division of Fire and the Board of Building Standards & Building Appeals as it relates to the storing, handling, sales and the use of Hazardous Substances / Materials.

## APPLICANT SIGNATURE

SIGNATURE <b>X</b>	DATE
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### § 381.053 Fees for Permits for Hazardous Substances and Explosives

(a) The fee for a permit to store, use or handle a hazardous substance other than an explosive shall be sixty-five dollars (\$65.00). Each permit shall be issued for a period of not to exceed three (3) years. In the event that a permit to handle a hazardous substance other than an explosive is issued for a period of five (5) days or less, the permit fee shall be twenty dollars (\$20.00).

All approved permits are subject to revocation for cause at any time

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

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	PERMIT NUMBER	INSPECTOR PRINTED NAME	INSPECTOR SIGNATURE <b>X</b>	DATE
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