



CITY OF CLEVELAND
Mayor Justin M. Bibb

Fire Protection Application For Fire Alarms



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.

This section: City of Cleveland Use Only	PERMIT NUMBER	DATE APPROVED	FEE
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BUILDING PERMIT NUMBER

B-

FACILITY INFORMATION

NAME OF FACILITY			FACILITY STREET ADDRESS	
CITY Cleveland	STATE OH	FACILITY ZIP	FACILITY TELEPHONE NUMBER	
FACILITY EMERGENCY CONTACT NAME AND POSITION			EMERGENCY CONTACT TELEPHONE NUMBER	

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, NFPA 72 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.

INSTALLER INFORMATION

INSTALLER COMPANY NAME		FIRE PROTECTION LICENSE # OF INSTALLATION COMPANY		
INSTALLER COMPANY STREET ADDRESS		CITY	STATE	ZIP
INSTALLER COMPANY PHONE NUMBER				
NAME OF THE GENERAL CONTRACTOR, IF THERE IS ONE		GENERAL CONTRACTOR PHONE NUMBER		
ADDITIONAL REMARKS				
NAME OF THE PERSON COMPLETING THIS APPLICATION		PHONE NUMBER OF THE PERSON COMPLETING THIS APPLICATION		
EMAIL ADDRESS OF THE PERSON COMPLETING THIS APPLICATION				
SIGNATURE X		DATE		

PROPERTY OWNER INFORMATION

BUSINESS NAME		OWNER NAME		
OWNER STREET ADDRESS		CITY	STATE	ZIP
OWNER PHONE NUMBER				
PROPERTY OWNER SIGNATURE X		DATE		

FACILITY INFORMATION

NAME OF FACILITY

FACILITY STREET ADDRESS

FIRE ALARM / DETECTION INFORMATION

CHOOSE ONE:

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Automatic System

☐

Manual System

☐

Sprinkler Monitoring Only

COMPLIES WITH:

☐

NFPA 70

☐

NFPA 72

AREAS TO BE PROTECTED

NUMER OF DEVICES

# of Audible Signals:		# of Visual Signals:		# of Audible / Visual Signals:	
# of Pull Stations:		# of Duct Detectors:		# of Supervisory Devices:	
Fixed Temp Heat Detectors:		Rate of Rise Heat Detectors:		Combination Heat Detectors:	
Photoelectric Smk Detectors:		Ion Smoke Detectors:		Combo Smoke Detectors:	
CO Detectors:		CO Alarms:		Combo CO Detector-Alarms:	
Tampers / Flows:		Other Devices (Explain):			
Total:					

COMPLETE APPLICATION INSTRUCTIONS

1. You must submit 3 sets of plans stamped by an architect, certified engineer or plans professional along with this completed application including the Building Permit Number. This application must be filled out by a certified contractor, one licensed by the State of Ohio.
2. The shop drawings will then be examined by the Fire Chief or his designee. Once he/she counts the number of 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 plans, 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, you will receive a notice via email with the fee amount due:
 - A. Upon receipt of approval and fee amount, please bring a 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 the 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. The 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 E 17th & Superior Ave).
 - C. Once work is complete, call 216-664-6664 to schedule inspections. Once inspections are complete, the permitting job is complete.

FIRE PREVENTION BUREAU SECTION - DO NOT WRITE IN SHADED AREA

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