



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.

**This section: City of
Cleveland Use Only**

PERMIT NUMBER

DATE APPROVED

FEE

BUILDING PERMIT NUMBER

B-

FACILITY INFORMATION

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

STANDPIPE - SPRINKLER

PROTECTION TYPE: CHECK APPROPRIATE BOX

☐ Sprinklers ☐ Standpipe ☐ Combined Sprinkler/Standpipe ☐ Engineered System
☐ Other: _____

AREAS TO BE PROTECTED

DESCRIPTION		TYPE OF HEAD	TEMPERATURE	# OF HEADS
<input type="checkbox"/> Wet <input type="checkbox"/> Dry City Main Size: _____ inches		_____	_____	_____
SIAMESE CONNECTIONS	DESIGNED	_____	_____	_____
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		_____	_____	_____

OTHER SUPPRESSION SYSTEMS

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, NFPA 13 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	

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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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 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 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.