



CITY OF CLEVELAND
Mayor Justin M. Bibb

1-Year Permit Application for the Storage, Handling, Sales or Use of Hazardous Substances / Materials For a Contractor



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

| | | | | |
|---|---------------|------------|-----------------|--------------|
| This section: City of Cleveland Use Only | PERMIT NUMBER | ISSUE DATE | EXPIRATION DATE | FEE |
| | | | | \$100 |

| FACILITY INFORMATION | | | | |
|---------------------------------|--------------------|--------------|------------------------------------|--|
| NAME OF FACILITY | | | FACILITY STREET ADDRESS | |
| CITY Cleveland | STATE OH | FACILITY ZIP | FACILITY TELEPHONE NUMBER | |
| FACILITY EMERGENCY CONTACT NAME | | POSITION | EMERGENCY CONTACT TELEPHONE NUMBER | |
| CONTRACTOR NAME | | | CONTRACTOR PHONE | |
| CONTRACTOR 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 X | | 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 X | 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 1 year. 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

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: _____ | | |

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

DATE

X**§ 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 one hundred dollars (\$100.00). Each permit shall be issued for a period of not to exceed one (1) year. 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-five dollars (\$25.00).

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 X | DATE |
|---|---------------|------------------------|---------------------------------|------|