

# COMMERCIAL FIRE PROTECTION SYSTEM PERMIT APPLICATION EUCLID BUILDING DEPARTMENT

WORK ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

PROPERTY OWNERS NAME \_\_\_\_\_

PROPERTY OWNER'S PHONE # \_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_

CONTRACTOR'S PHONE# \_\_\_\_\_

DESCRIBE WORK BEING DONE \_\_\_\_\_

ESTIMATED COST: \$ \_\_\_\_\_

IS THIS PERMIT ASSOCIATED WITH A GENERAL CONSTRUCTION PERMIT? YES NO

IF YES, WHAT IS THE PERMIT NUMBER \_\_\_\_\_

ARE THERE ATTACHED PLANS WITH THE APPLICATION? YES NO

### PLEASE MARK ALL APPLICABLE ITEMS

IS THIS A FIRE ALARM , SMOKE DETECTION, CARBON DIOXIDE OR SIMILAR SYSTEM?	YES / NO
IS THIS A NEW SYSTEM?	YES / NO
NUMBER OF DEVICES	
IS THIS AN ADDITION, ALTERATION OR REPAIR TO EXISTING SYSTEM?	YES / NO
NUMBER OF DEVICES	
IS THIS A FIRE SUPPRESSION SYSTEM?	YES / NO
IS THIS A NEW SYSTEM?	YES / NO
NUMBER OF SUPPRESSION HEADS, NOZZLES OR DEVICES	
IS THIS AN ADDITION, ALTERATION OR REPAIR TO EXISTING SYSTEM?	YES / NO
NUMBER OF SUPPRESSION HEADS, NOZZLES OR DEVICES	
IS THIS A SMOKE EVACUATION SYSTEM?	YES / NO

Signature below is of an authorized representative of the license holding Contractor. The Contractor does hereby agree to install the above work in compliance with the codified ordinances of the City of Euclid.

Applicant Signature

Printed Name

OFFICE USE ONLY

Inspection Notes	

Final Inspection Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Inspector's Name