

MAPLE HEIGHTS BUILDING DEPARTMENT
5353 LEE ROAD, MAPLE HEIGHTS, OH 44137-2574
216-663-4094 OR FAX 216-587-9094

PERMIT APPLICATION FOR FIRE EQUIPMENT INSTALLATION

The information requested below is required for a permit to be issued by The Maple Heights Building Department. Please supply all information requested

TYPE OF PERMIT

- | | | |
|---|--|---|
| <input type="checkbox"/> Sprinkler Installation | <input type="checkbox"/> Underground Sprinkler | <input type="checkbox"/> Fire Alarm System Installation |
| <input type="checkbox"/> Sprinkler Repair | <input type="checkbox"/> Hood Suppression Installation | <input type="checkbox"/> Fire Alarm System Test |
| <input type="checkbox"/> Sprinkler Test | <input type="checkbox"/> Hood Suppression Repair | <input type="checkbox"/> OTHER _____ |

ESTIMATE DOLLAR AMT OF JOB: _____

LOCATION OF JOB: _____

BUSINESS NAME: _____ PHONE NO.: _____

BRIEFLY DESCRIBE WORK TO BE PERFORMED: _____

CONTRACTOR/APPLICANT:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON _____

TITLE/POSITION _____ PHONE NO. _____

STATE FIRE MARSHAL'S LICENSE NO. (IF APPLICABLE) _____

Installers are required to have State Fire Marshal's License and Drivers License on site for the Building Department verification.

ARE YOU REGISTERED WITH THE MAPLE HEIGHTS BUILDING DEPARTMENT? YES NO

The Maple Heights Building Department shall witness all acceptance tests.

Signature _____ Date _____ Approved By _____ Date _____

PLAN REVIEW FEE \$ _____ BASE PERMIT FEE \$ _____

ADD' PLAN REVIEW FEE \$ _____ ACTIVATION DEVICE FEE \$ _____

3% OBBS FEE \$ _____

TOTAL PERMIT FEE \$ _____

CHECK LIST FOR NEW INSTALLATION OF FIRE ALARMS/FIRE PROTECTION SYSTEM

- ___ 1. Must submit 3 (Three) sets of plans that include cut sheets of all appliances

- ___ 2. Must submit application along with the plans

- ___ 3. Plan Review will be completed by the Fire Department and the Building Department

- ___ 4. New Fire Alarm Install/New Fire Protection System plans must be submitted separately along with an application

- ___ 5. Permit fee, Plan Review fee must be paid once the plans are approved

- ___ 6. **Must call for a rough alarm system electrical/sprinkler system inspection to the Building Department at 216-663-4094**

- ___ 7. Must call for a Final Electrical inspection with the Building Department at 216-663-4094

- ___ 8. Must call for an acceptance test with the Building Department at 216-663-4094. The Building Department will call the Fire Department to coordinate this test