



# FIRE EQUIPMENT INSTALLATION PERMIT APPLICATION

## Building Department

### Checklist for New Installation of Fire Alarms/Fire Protection System

- \_\_\_\_\_ Submit 3 (three) sets of plans that include cut sheets of all appliances
- \_\_\_\_\_ Submit application and plans
- \_\_\_\_\_ Plan Review completed by the Fire Department and the Building Department
- \_\_\_\_\_ New fire alarm install/new fire protection system plans must be submitted separately in addition to plans and application
- \_\_\_\_\_ Permit fee and plan review fee must be paid once the plans are approved
- \_\_\_\_\_ Must call for a rough alarm system electrical/sprinkler system inspection from the Building Department at (216) 663-4094
- \_\_\_\_\_ Must call for a final electrical inspection from the Building Department at (216) 663-4094
- \_\_\_\_\_ Must call for an acceptance test with the Building Department at (216) 663-4094. The Building Department will coordinate with the Fire Department to complete this test.



# FIRE EQUIPMENT INSTALLATION PERMIT APPLICATION

## Building Department

### Type of Permit

- |                                            |                                                        |                                                         |
|--------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Sprinkler Install | <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 : _____                  |

### Business Information

Business Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Estimated Total Cost of Job: \$ \_\_\_\_\_

Please Briefly Describe the Work to be Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Contractor/Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

State Fire Marshal's License Number (if applicable): \_\_\_\_\_

Are you registered with the Maple Heights Building Department? ☐ Yes ☐ No

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

### Signature & Fees

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **For Office Use Only**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Review Fee: \$ \_\_\_\_\_ Base Permit Fee: \$ \_\_\_\_\_ Add' Plan Review Fee: \$ \_\_\_\_\_

Activation Device Fee: \$ \_\_\_\_\_ 3% OBBS Fee: \$ \_\_\_\_\_ **Total Permit Fee: \$ \_\_\_\_\_**