



SHAKER HEIGHTS

PERMIT APPLICATION - FIRE PREVENTION BUREAU

**17000 CHAGRIN BLVD.
SHAKER HEIGHTS, OHIO 44120-3728
216-491-1215**

Applicant: _____ Date: _____

Business Address: _____ Phone: _____

Application is hereby made by the undersigned for a Permit to work at:

Location/Premises: _____

Purpose: _____

Type of Permit Requested: _____

Section: _____

*****DO NOT SEPARATE -- RETURN BOTH COPIES*****

Materials, processes, equipment used:

Date Issued: _____

Date Expired: _____

I agree to the conditions, surroundings, arrangements, to be in accordance with all Ordinances of the City of Shaker Heights, and the State of Ohio.

Complete plans and construction details must be filed on all projects when requested.

<u>FIRE PREVENTION BUREAU</u>	
Permit No.	_____
Fee:	\$25.00
Issued By:	_____
Inspected By:	_____
Approved:	_____
Disapproved:	_____
Remarks:	_____ _____ _____ _____

Signature of Applicant Home Address Phone

Signature of Persons Responsible Home Address Phone