

APPLICATION FOR FIRE PROTECTION

* FIRE ALARM *

CITY OF MIDDLEBURG HEIGHTS

Division of Building

15700 BAGLEY ROAD, MIDDLEBURG HEIGHTS, OHIO 44130

Phone (440) 234-2218 • Fax (440) 234-9092

E-mail: building@middleburgheights.com



TENANT NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ UNIT/BLDG/SUITE: _____

PROPERTY OWNER NAME _____ PHONE NUMBER: _____

PROPERTY OWNER ADDRESS (If different from above) _____

Type of System:

(Please check one)

- Installation in a new building under construction
- Installation in an addition to an existing building
- New installation to an existing building
- Alteration to an existing system/repair or replace of existing system

Number of devices: _____

Submittal:

* 4 sets of construction documents shall include (but are not limited to) the following:

symbol legend; riser diagram; floor plan detailing locations of all existing and proposed system components; battery calculations; conductor types and sizes; voltage drop calculations; sequence of operations description; manufacturers, model numbers, and listing information for equipment, devices and materials; elevation or specification detailing the mounting height of devices

* Plan exam deposit: up to 25 devices = \$300, over 25 devices = \$500

Plan Exam Deposit monies will be used as payment to the Plans Examiner for the review of plans submitted at such time. Upon approval, any monies not used during the review process will be refunded in the form a check issued by the Finance Department.

CONTRACTOR: _____ PHONE # _____

CONTRACTOR ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

CONTACT PERSON: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

Failure to provide any necessary information may result in a delay of the review process. Before any work is performed, all contractors will be registered and an approved permit will be obtained. I understand that it is my responsibility as the contractor to coordinate all necessary inspections with the Division of Building.

SIGNATURE OF APPLICANT: _____

BUILDING COMMISSIONER APPROVAL

DATE