

# HOOD SUPPRESSION PERMIT APPLICATION



**CITY OF MIDDLEBURG HEIGHTS**  
Building Department  
15700 Bagley Road  
Middleburg Heights, OH 44130  
Phone (440) 234-2218 • Fax (440) 234-9092  
E-mail: [building@middleburgheights.com](mailto:building@middleburgheights.com)



**Project Address:** \_\_\_\_\_ **Unit/Suite/Bldg #:** \_\_\_\_\_

**Tenant Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_

**Property Owner Address:** (If different from above): \_\_\_\_\_

**SUBMITTAL REQUIREMENTS: 4 sets of plans and a \$300 plan exam deposit**

A graphic description should be drawn to scale or with adequate working dimensions to describe the scope of the work. Information should, for example, include adequate descriptions, dimensions, sizes, etc. of: \* pipe and fittings \* capacity, number, and location of storage cylinders \* nozzle ratings, locations & distribution, \* detecting devices \* operating or actuation devices \* electrical devices \* alarm devices \* auxiliary or safety equipment

Provide information on the pre-engineered hood fire suppression system and its components from the manufacturers installation manual

**General Information** – UL listing number \_\_\_\_\_ Model number \_\_\_\_\_

- Is this suppression system being installed in a previously approved hood? \_\_\_\_\_
- If yes, please provide the previous plan approval number or an adequate description of the kitchen exhaust system into which the fire suppression system will be installed: \_\_\_\_\_

**Plan exam deposit monies will be issued 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 of a check issued by the Finance Department.**

*NOTE: BEFORE ANY JOB IS STARTED, ALL CONTRACTORS MUST BE REGISTERED AND A PERMIT MUST BE APPROVED AND ISSUED. ANY JOB STARTED BEFORE APPROVAL AND ISSUANCE OF A PERMIT SHALL BE SUBJECT TO A PENALTY.*

**Contractor:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Contractor Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**APPROVAL:**

\_\_\_\_\_  
**BUILDING COMMISSIONER**

\_\_\_\_\_  
**DATE**