

# APPLICATION FOR FIRE PROTECTION

**\* HOOD SUPPRESSION \***



## 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](mailto:building@middleburgheights.com)



**TENANT NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **UNIT/BLDG/SUITE:** \_\_\_\_\_

**PROPERTY OWNER NAME** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**PROPERTY OWNER ADDRESS:** (If different from above) \_\_\_\_\_

#### Plans – Submit 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 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 Building Department.*

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

\*\*\*\*\*

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

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

**08-09**