

APPLICATION FOR FIRE PROTECTION

*** FIRE SPRINKLER/FIRE 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

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)
 Install a new system in building under construction.....Number of heads
 Install a new system in an addition to an existing building.....Number of heads
 Install a new system to an existing building.....Number of heads
 Modify an existing automatic sprinkler system
Number of heads added deleted relocated
 Other: _____

Submittal: * 4 sets of drawings, specifications, cut sheets and applicable calculations

* **Plan exam deposit:** up to 150 devices = \$300, over 150 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