

Fire SUPPRESSION Permit Application

City of Lyndhurst Building Department
5301 Mayfield Road, Lyndhurst, Ohio 44124
Phone: 440-473-5108 / Fax: 440-442-7189

Date: _____

Check One: _____ New Suppression System _____ Existing System Alteration

TENANT INFORMATION:

Name: _____

Project Address: _____

Phone Number: (____) _____

CONTRACTOR INFORMATION:

Name: _____

Address: _____
Street City/State Zip

Contact Information: (____) _____
Phone Number E-mail

DESIGNER INFORMATION:

Name Phone Number E-Mail

Number of Heads being Installed: _____ Type of System (Wet), (Dry), (Chemical): _____

Base Fee:	\$100.00	\$ _____
Heads:	\$5.00 ea.	\$ _____
State Fee:	+3%	\$ _____
TOTAL FEE:		\$ _____

Applicant Signature

Print Name

Date