

CITY OF STREETSBORO

9184 ST RT 43
Streetsboro, OH 44241

Building Dept: (330) 626-6069

FAX (330) 626-6067

FIRE SUPPRESSION PERMIT APPLICATION

Project Address _____ S/L _____

Property Owner's Name _____

Property Owner's Address _____
(if different than project address) Street _____ City _____ State _____ Zip _____

Property Owner's Phone # () _____ Fax # () _____

Contractor Name _____ Contact _____

Address _____
Street _____ City _____ State _____ Zip _____

Contractor's Phone # () _____ Fax # () _____

Drawings Author _____ Contact _____

Address _____
Street _____ City _____ State _____ Zip _____

Drawings Author's Phone # () _____ Fax # () _____

GENERAL PROJECT INFORMATION

Project type: New Construction Sprinkler - New Construction Sprinkler - Existing
 Fire Alarm (low voltage) Hood Suppression

Square footage: _____ Changing heads – # of heads _____

Describe project _____

AUTHORIZATION

1. The undersigned states that he/she is the owner of the property or authorized agent for the owner of the project address.
2. This permit, when issued, is subject to the observance of all ordinances of the City of Streetsboro and the laws of the State of Ohio, and is subject to revocation if these are not observed.

Printed Name

Signature of Contractor or Owner. Date