



Division of Fire
Fire Prevention Bureau
Scott Sebastian
Fire Inspector

COME TOGETHER & THRIVE

1349 South Green Rd
South Euclid, OH 44121
Phone: (216) 691-4273
Fax: (216) 381-2016
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Application for Fire Alarm Permit:

Location: _____

Type Business: _____

Name of Company: _____

Companies Address: _____

Companies Phone Number: _____

I/we, being the owner(s), authorized agent(s), do hereby apply for the above cited PERMIT.

It is understood that acceptance of the PERMIT herein applied for shall constitute an agreement on the part of the applicant to abide by all conditions of the Codified Ordinances of the City of South Euclid (Chapter 15) and the Ohio Fire Code.

It is further a condition that failure to adhere to these ordinances and /or laws, or any falsification of information herein shall result in the revocation of said PERMIT.

Owner or Authorized Agent: _____

Business Address: _____
City State Zip Code

Approved/Rejected Signed: _____ Date: _____
Fire Inspector

Permit: _____