



CITY OF LYNDHURST



Fire Department – Fire Prevention Bureau

**APPLICATION FOR PERMIT**

Name of Business: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Alt. Phone No.: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Alarm System: FIRE: \_\_\_\_\_ BURGLAR: \_\_\_\_\_

Hazardous Material Storage, Handling, Manufacturer: \_\_\_\_\_

Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Owner: \_\_\_\_\_ Ph. No.: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

- Permits issued without fee – not transferrable (Lyndhurst Ordinance #83-36).
- Applications to be returned to address below:

**Lyndhurst Fire Department – Fire Prevention Bureau  
5301 Mayfield Road, Lyndhurst, Ohio 44124**

**LYNDHURST POLICE DEPARTMENT**  
**Business File Information Sheet**

DATE: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Room Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

**EMERGENCY NOTIFICATION NUMBERS:**

First Party's Name and Phone Number: \_\_\_\_\_

Second Party's Name and Phone Number: \_\_\_\_\_

BUILDING NAME: \_\_\_\_\_

BUILDING OWNER & PHONE NUMBER: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

**EMERGENCY NOTIFICATION NUMBERS:**

First Party's Home Number: \_\_\_\_\_

Second Party's Home Number: \_\_\_\_\_

ALARM SYSTEM TYPE: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SAFE LOCATION: \_\_\_\_\_

WEAPON TYPE: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

CALIBER: \_\_\_\_\_

MAKE AND SERIAL NUMBER: \_\_\_\_\_