

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: _____

