

CITY OF LYNDHURST



Fire Department – Fire Prevention Bureau

APPLICATION FOR PERMIT

Name of Business: _____ Date: _____

Address: _____

Business Ph. #: _____ Alt. Ph. #: _____

Email: _____

Nature of Business: _____

Alarm System: FIRE: _____ BURGLAR: _____

Hazardous Materials Storage, Handling, Manufacturer: (Explain) _____

Name of Owner: _____ Ph. #'s: _____

Email: _____

Owner's Address: _____

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

Lyndhurst Fire Dept. – Fire Prevention Bureau

5301 Mayfield Rd. Lyndhurst, OH 44124

Email: FirePrevention@Lyndhurst-OH.com