

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 Contacts

(Law enforcement purposes only)

MAYOR PATRICK WARD

CHIEF PATRICK A. RHODE

****Please provide, at your earliest convenience, contact information of those employees who have a key to the business and who reside in the closest proximity to your business. We may have to contact these keyholders at any time of the day or night to respond to enter and check the interior of the business with police officer(s) in the event of an alarm drop, other suspicious matter or emergency situation.****

Business Name: _____

Address: _____ Suite: _____ Lyndhurst, OH 44124

Business Phone #1: _____ Business Phone #2: _____

Fax Number: _____

Non-automated / direct line: _____

Business Owner Name: _____

Business Owner Phone: _____

Company Email: _____

A valid email that can be used for future correspondence.

Alarm Company Name: _____

Alarm Company Phone: _____

This company monitors: _____ Police _____ Fire _____ Other

Emergency / after hours Contact #1:

Name: _____ Cell Phone: _____

Position: _____

Would be able to respond with keys: _____ YES _____ NO

Emergency / after hours Contact #2:

Name: _____ Cell Phone: _____

Position: _____

Would be able to respond with keys: _____ YES _____ NO

Emergency / after hours Contact #3:

Name: _____ Cell Phone: _____

Position: _____

Would be able to respond with keys: _____ YES _____ NO

For Office Use

Date Returned:

Date Updated:



Lyndhurst Police Department



Business Contacts

(Law enforcement purposes only)

Business Name: _____

Maintenance Supervisor: _____

Phone: _____ _ After Hours Phone: _____

Key code entry: _____

Lock Box / Knox Box Location: _____

Do you have cameras? _____ Interior _____ Exterior _____ None

Interior Layout Attached: _____ YES _____ NO

LOCATION OF AED: _____

Any Hazardous / Flammable Items AND Location: _____

Additional Information: _____

Please complete this form in its entirety (both sides). Please type or write legibly and return to Patrick Spellman or Angela Ricci via email: spellmanp@lyndhurst-oh.com or riccia@lyndhurst-oh.com, fax to 440-442-7709 or by mail to 5301 Mayfield Rd, Lyndhurst, OH 44124