



CITY OF CLEVELAND
Mayor Justin M. Bibb

Permit Application for the Use of FLAME EFFECTS



Fire Prevention Bureau • 1645 Superior Ave., E • 216.664.6664 • F: 216.664.6681
Hours of Operation: Weekdays 7:30 am to 4:30 pm

This section: City of Cleveland Use Only	PERMIT NUMBER	APPROVAL DATE	EXPIRATION DATE	FEE
				\$75

Once you have completely filled out the application, you will need to submit this application, the required documentation and a check or money order for \$75 payable to the "City of Cleveland" to:

City of Cleveland / Fire Prevention Bureau
1645 Superior Ave., E, 2nd Floor
Cleveland, Ohio 44114

DISPLAY INFORMATION				
TODAY'S DATE	EXHIBITION DATE	TIME OF EFFECT	FLAME EFFECTS GROUP (CHECK ALL THAT APPLY) <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII	
FACILITY NAME			FACILITY STREET ADDRESS	
FACILITY CITY CLEVELAND	STATE OH	ZIP	FACILITY CONTACT NAME AND PHONE	

CHECKLIST: REQUIRED DOCUMENTATION TO BE SUBMITTED WITH THIS FORM
<input type="checkbox"/> The qualifications and experience of the flame effect exhibitor.
<input type="checkbox"/> The number, names and ages of all assistants that will be present.
<input type="checkbox"/> A diagram of the site indicating the location of all the flame effect devices, the areas affected by each device, location of the audience and separation distances, means of egress and information on all fuels and ventilation for each effect.
<input type="checkbox"/> A narrative of the flame effects, controls & control sequences of all devices and emergency response procedures.
<input type="checkbox"/> A valid material safety data sheet (MSDS) for each fuel being utilized.
<input type="checkbox"/> Documentation that the set, scenery and rigging materials are treated with appropriate flame retardant.
<input type="checkbox"/> Liability insurance for an amount of no less than \$1,000,000 or as otherwise required by the Department of Law.

RESPONSIBLE PARTY INFORMATION			
PRODUCTION SPONSOR		RESPONSIBLE PARTY NAME	
COMPANY NAME	COMPANY PHONE	RESPONSIBLE PARTY SIGNATURE X	
STREET ADDRESS		CITY	STATE ZIP

EXHIBITOR INFORMATION			
EXHIBITOR COMPANY NAME		LICENSE NUMBER	
EXHIBITOR PHONE		EXHIBITOR SIGNATURE X	
STREET ADDRESS		CITY	STATE ZIP

***** Please include a business card if you have one *****

All approved permits are subject to revocation for cause at any time

APPROVALS AND SIGNATURES	
FIRE PREVENTION BUREAU X	DIVISION OF FIRE X
, Officer	, Chief
DEPARTMENT OF LAW X	