City of Cleveland
Department of Building and Housing

601 Lakeside Avenue, Room 410, Cleveland, Ohio 44114

ELEVATOR DIVISION

Chief Elevator Inspector 216-664-2284

PERMIT No. L_____ **PERMIT FEE $**_____

PERMIT APPLICATION for AMUSEMENT DEVICE(S)

I, _____, hereby apply for a permit to install amusement devices and to have them inspected for safety fencing, blocking and operation.

Address of Installation _____

Event: _____ **Dates: From** _____ **To** _____

Property Owner Name _____ **Phone No.**_____

Property Owner Address _____

List of Amusement Devices:

1. _____	**7.** _____	**13.** _____
2. _____	**8.** _____	**14.** _____
3. _____	**9.** _____	**15.** _____
4. _____	**10.** _____	**16.** _____
5. _____	**11.** _____	**17.** _____
6. _____	**12.** _____	**18.** _____

Type of Supporting Surface: _____

It is agreed that if this application is granted and a permit is issued, that the amusement device(s) will conform in every detail with the ordinance regulating amusement device(s) in the City of Cleveland and that all devices have been inspected and certified by the State of Ohio. Operation of these devices will not begin until a certificate has been issued by the Chief Building Official.

Contractor Signature _____ Phone No. _____

Company Name _____ Date: _____

SEPERATE ELECTRICAL PERMIT REQUIRED

I hereby certify that I have examined this application, plans and specifications and find the same to be in accordance with the ordinances of the City of Cleveland and the laws of the State of Ohio.

Approved _____
Chief Building Official

Per _____

Date _____**, 20**_____