



**CITY OF CLEVELAND**  
Mayor Justin M. Bibb

# Permit Application for the Use of Class III, IV LASER



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 <b>\$75</b>
---------------	---------------	-----------------	--------------------

In accordance with the Codified Ordinances Chapter 387 of the City of Cleveland relating to laser display. All laser displays must require a separate permit and an overall effects plan before issuance of a permit unless otherwise approved by the Fire Chief. All laser usage must be documented that it is in conformity with the safety requirements of ANSI Z136, NFPA 115 and 21 C.F.R. Chapter I Part 1040.

**\*\*\* ALL APPLICATIONS MUST BE SUBMITTED 10 DAYS PRIOR TO THE EXHIBITION DATE \*\*\***

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

The following guidelines shall be followed for indoor and/or outdoor laser displays in the City of Cleveland:

## DISPLAY INFORMATION

TODAY'S DATE	EXHIBITION DATE	TIME OF EXHIBIT	LASER CLASS <input type="checkbox"/> IIIa <input type="checkbox"/> IIIb <input type="checkbox"/> IV
FACILITY NAME			FACILITY STREET ADDRESS
FACILITY CITY <b>CLEVELAND</b>	STATE <b>OH</b>	ZIP	FACILITY CONTACT NAME AND PHONE

## CHECKLIST: REQUIRED DOCUMENTATION TO BE SUBMITTED WITH THIS FORM

<input type="checkbox"/> The scope and use of the laser.
<input type="checkbox"/> The qualifications of the laser safety officer (LSO).
<input type="checkbox"/> A diagram of placement of mirrors or other materials that may produce hazardous specular reflections and their termination points.
<input type="checkbox"/> Certificate of Insurance.
<input type="checkbox"/> Audience proximity, including distances from the beams to the audience.
<input type="checkbox"/> FDA variance number and a copy of the docket, as well as any applicable attachment.
<input type="checkbox"/> Safety factors and any other information required by the Fire Chief. Safety factors include placement of the fire extinguishers, appropriate display of warning labels and signs, ratings of fire extinguishers and stand-by safety personnel.

## EXHIBITOR / APPLICANT INFORMATION

EXHIBITOR / APPLICANT COMPANY NAME	LICENSE NUMBER		
EXHIBITOR / APPLICANT PHONE	EXHIBITOR / APPLICANT SIGNATURE <b>X</b>		
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 <b>X</b>	, Officer	DIVISION OF FIRE <b>X</b>	, Chief
DEPARTMENT OF LAW <b>X</b>			