New Equipment Form



5300 Riverside Drive, Cleveland, OH 44181-0009

City of Cleveland, Department of Port Control (DPC)

Applicant Information					
Applicant Name:		Dat	te:		
Applicant/Te	enant Contact Info	Contractor Contact Info			
Applicant/Tenant		Contractor			
Address		Address			
Phone		Phone			
Email		Email			
Contact		Contact			
New Equipment D		nossible details on	ad attach man(a) to the amaily		
Location of New Equipment Installation (Include all possible details and attach map(s) to the email):					
Brief description of the work being performed:					





Proposed dates of work:	Start	Finish	
Proposed hours of work:	Start	Finish	

Equipment Information – Equipment being INSTALLED			
Equipment Type (Air Handler, Pump, Motor, etc.)			
Building			
Level			
Room			
Manufacturer			
Model Number			
Serial Number			
Equipment Purchase Price			
Expected Life Expectancy of Equipment			

Required Documentation – to be added upon completion				
Equipment Manual(s)				
Pictures – Installed Equipment				
Warranty Information				