

Fire Code Permit Application

Set-up Date/Time: _____

Effective dates: _____ to _____

Assembly # of persons: _____

Site Address: _____

Type of Permit: _____

Responsible Party: _____

Address: _____

Phone Number: _____

Fax Number: _____

Contractor (if applicable): _____

Worker's Compensation #: _____ **Business Lic. #:** _____

Extent of Use/Operation: _____

PERMIT FEE: _____ **DATE PAID:** _____

Applicant Signature

Date