

Fire Code Permit Application

Effective dates: _____ to _____

Assembly # of persons: _____

Site Address: _____

Type of Permit: _____

Responsible Party: _____

Address: _____

Phone Number: _____

Contractor (if applicable): _____

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

Extent of Use/Operation: _____

PERMIT FEE: \$ _____ **DATE PAID:** BBBBBBBBBBBBBBBB

Applicant Signature

Date