

FIRE SAFETY PERMIT

Inspector: _____

LOCATION INFORMATION

NAME			STREET ADDRESS		
MUNICIPALITY			COUNTY		
STATE	ZIP CODE	AREA CODE & PHONE #			

Mailing Address

This certificate must be posted in a conspicuous location at the above premises.

Permit Type _____

Permit Fee _____

Registration No. _____

Date of Event _____

Expiration Date _____

Annual _____

Seasonal _____

FIRE OFFICIAL

Date of Approval

[] If box is checked, approval is contingent on adherence with the following conditions:

5:71-3.7(b)13.