



# DPS | Montgomery County Department of Permitting Services

255 Rockville Pike, 2<sup>nd</sup> Floor  
 Rockville, MD 20850-4166  
 Phone: 311 in Montgomery County or (240)777-0311  
 Fax: (240)777-6262  
<http://www.montgomerycountymd.gov/permittingservices>



## Fire Code Compliance Permit Application

### A. Type of Facility

- |   |   |
|---|---|
| <input type="checkbox"/> Family Child Care (up to 8 children) | <input type="checkbox"/> Health Care                        |
| <input type="checkbox"/> Group Family Child Care (9 to 12)    | <input type="checkbox"/> Educational Institution (incl PEI) |
| <input type="checkbox"/> Child Care Center (13 or more)       | <input type="checkbox"/> Transient Lodging/Bed & Breakfast  |
| <input type="checkbox"/> Summer Camp                          | <input type="checkbox"/> State Vehicle Inspection           |
| <input type="checkbox"/> Adoption/Foster Care                 | <input type="checkbox"/> Body Works/Spa License             |
| <input type="checkbox"/> Group Home – Assisted Living         | <input type="checkbox"/> Enterprise License                 |
| <input type="checkbox"/> Group Home – No Assisted Living      | <input type="checkbox"/> Detention Center                   |
| <input type="checkbox"/> DDA Home                             | <input type="checkbox"/> Migrant Worker Facility            |
| <input type="checkbox"/> Recovery Residence                   | <input type="checkbox"/> Move In/Move Out (New tenant)      |
| <input type="checkbox"/> Rehabilitation Center                | <input type="checkbox"/> Other _____                        |

For Office Use:

FCC# \_\_\_\_\_

U/O # \_\_\_\_\_

Prev FH# \_\_\_\_\_

FCC Review Complete

### B. Type of Licensing Inspection Requested

- Initial/New       Renewal       None

### C. Inspection Address: *please fill in as much information as possible*

Number \_\_\_\_\_ Street \_\_\_\_\_ Ste \_\_\_\_\_ City \_\_\_\_\_  
 Zip \_\_\_\_\_ Lot (s) \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Nearest Cross Street \_\_\_\_\_

### D. Applicant Information: *Permit will be issued to Property Owner or Tenant*

**Company/Corp. Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Name of Property Owner or Tenant \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### E. Contact Information: *If other than applicant*

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact Person** \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### F. To Be Read by the Applicant:

Any information that the applicant has set forth in this application that is false, or misleading may result in the rejection of the application. The condition for issuance of this permit is that the facility will comply at all times with applicable codes.

\_\_\_\_\_  
 (Applicant's Signature)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Print Name)