



## Fire Code Compliance Permit Application

### A. Type of Facility

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