

VALDESE FIRE DEPARTMENT FIRE PERMIT APPLICATION

APPLICANT (BUSINESS NAME):		
ADDRESS:		
MAILING ADDRESS:		
TELEPHONE NUMBER:		
NAME AND TITLE OF PERSON MAKING APPLICATION:		
NAME:	TITLE:	
EMAIL:	START DATE:	FINISH DATE:
APPLICATION FOR FIRE PERMIT IS BEING MADE FOR THE FOLLOWING:		
THESE ANSWERS HAVE BEEN GIVEN TO THE BEST OF MY ABILITY AND KNOWLEDGE. I HEREBY UNDERSTAND THAT ANY ANSWER DELIBERATELY FALSIFIED OR MISREPRESENTED SHALL BE JUSTIFICATION FOR REVOCATION OF THE FIRE PERMIT. I FURTHER UNDERSTAND THAT I WILL BE BILLED BY THE TOWN OF VALDESE FOR THE COST OF THE PERMIT.		
SIGNATURE	TITLE	DATE
FOR FIRE DEPARTMENT USE ONLY		
DATE RECEIVED: _____	RECEIVED BY: _____	
ASSIGNED TO: _____	REVEIWED BY: _____	
DATE REVEIWED/ INSPECTED: _____	DENIED: <input type="checkbox"/> APPROVED: <input type="checkbox"/>	
AMOUNT OF FEE: <u>\$0.00</u>	PERMIT NUMBER: _____	