

# ALAMANCE COUNTY FIRE MARSHAL PERMIT APPLICATION

Master Permit Number \_\_\_\_\_

## PROPERTY INFORMATION

Property Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Property Owner Phone \_\_\_\_\_

Utility Owner Name \_\_\_\_\_ Utility Owner Phone \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Subdivision Lot Number \_\_\_\_\_

Geographic Parcel Identification Number \_\_\_\_\_ Tax Map Number \_\_\_\_\_

Census Tract \_\_\_\_\_ Township \_\_\_\_\_

Jurisdiction \_\_\_\_\_ Zoning \_\_\_\_\_

- Watershed       Flood Zone       Flood Certification       Farm District       Corner Lot
- Water Type:**       City Water       New Well       Existing Well       Community Well
- Sewage Type:**       City Sewer       New Septic       Existing Septic

## CONTRACTOR INFORMATION

Contractor Name \_\_\_\_\_ Contractor Phone \_\_\_\_\_

Contractor Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

County Control Number \_\_\_\_\_ North Carolina License Number \_\_\_\_\_

- Owner is Contractor       Owner Occupied

## BUSINESS INFORMATION

Business Name \_\_\_\_\_ Business Owner \_\_\_\_\_

Owner Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

## PERMIT TYPE

- Amusement Building
- Carnival or Fair
- Combustible Dust
- Mall Retail Fixture       Mall Fired Equipment       Mall Flame Producing Equipment
- Dry Cleaning Plant
- Exhibit or Trade Show
- 3 Day Blasting       15 Day Blasting       30 Day Blasting

A photo ID is required to accompany all applicant signatures

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Fireworks or Pyrotechnics

Storage of Explosives

Tank

Pyrotechnic Special Effects

Private Fire Hydrants

Number of Hydrants\_\_\_\_\_

Temporary Membrane Structure, Tent, or Canopy

Square Feet\_\_\_\_\_

**I hereby certify that all information in this application is correct and all work will comply with the N.C. State Building Code and all other applicable state, local laws, ordinances, and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.**

Applicant Printed Name\_\_\_\_\_ Applicant Phone\_\_\_\_\_

Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

**MUST BE COMPLETED BY ZONING OFFICIAL ONLY**

Jurisdiction\_\_\_\_\_ Zoning\_\_\_\_\_

**Setbacks:** Front\_\_\_\_\_ Back\_\_\_\_\_ Left\_\_\_\_\_ Right\_\_\_\_\_

**Water Type:**  City Water  Well

**Sewage Type:**  City Sewer  Septic

Zoning Official Printed Name\_\_\_\_\_

Zoning Official Signature\_\_\_\_\_ Date\_\_\_\_\_

A photo ID is required to accompany all applicant signatures