

FIRE INSPECTION PERMIT APPLICATION

SITE	Project Title		Construction Valuation			
	Address					
	City			County		
OWNER	Owner		Contact Persor	Contact Person		
	Owner Address		Phone No (Phone No ()		
	City, State, Zip		Fax No (Fax No ()		
CONTR.	Contractor		Contact Person	Contact Person		
	Contractor Address			Phone No ()		
	City, State, Zip Contractor License No:			Fax No ()		
DESIGN FIRM	Designer			Contact Person		
	Firm Address			Phone No ()		
	City, State, Zip			Fax No ()		
APPLICANT	Permit Applicant Is: Owner Designer Contractor Other; specify					
	Applicant's Printed Name		Applicant's Pho	Applicant's Phone No ()		
	Applicant's Address			, Applicant's Fax No ()		
	City, State, Zip			License/Registration No. (If applicable)		
PROJECT	Class of Work: New Addition Alteration Other; specify					
	Anticipated Start Date: Anticipated Completion Date:					
	Description:					
PRO						
City Council Review Date: Conditions:						
						Applicant Name (Print) Applicant Signature
INSPECTION FEES				FOR OFFICE USE ONLY		
Fees are established by the City Council by IN Resolution. See Fee Schedule for details. IN			VITIALS	DATE	AMOUNT PAID	