

MONTGOMERY COUNTY APPLICATION FOR FIRE INSPECTION

Permit #: _____
Applicant Name: _____ License Number: _____ Date: _____
Site Address: _____ City: _____ ZIP: _____ Applicant Phone #: _____
Notes: _____
Subdivision: _____ Lot #: _____ PIN: _____

NOTE: Applicant is responsible for requesting an inspection and providing the Fire Marshal access to the building.

Building Use: *(Please check)* RESIDENTIAL COMMERCIAL INDUSTRIAL APARTMENTS
 EDUCATIONAL INSTITUTIONAL STORAGE/WAREHOUSING OTHER (SPECIFY BELOW)

Type of Inspection: *(Please check)* FOSTER CARE DAYCARE GROUP HOME FIRE ALARM
 ABC PERMIT INSPECTION TANK INSTALLATION/REMOVAL BUSINESS OPENING
 OTHER – PLEASE SPECIFY BELOW

Specify Type of Work :

BUILDING INFORMATION (IF AVAILABLE)

Total Square Feet: _____ Stories: _____

Building Owner's Name

Building Owner's Mailing Address

Building Owner's Telephone Number

FOR OFFICE USE ONLY

Use Classification

- A-1 A-2 A-3 A-4 A-5
 B
 E
 F-1 F-2
 H-1 H-2 H-3 H-4 H-5
 I-1 I-2 I-3 I-4
 M
 R-1 R-2 R-3 R-4
 S-1 S-2
 U

Inspection Level - 1 2 3

I hereby certify that I have the authority to make application, and that the application is correct. I state that by submitting this application, I am granting permission to the Fire Marshal of Montgomery County to enter the premises for inspection at any time.

Applicant Print Name

Signature of Applicant

Date