

City of Dunn Inspections Department

FIRE PERMIT APPLICATION

RESPONSIBLE PARTY _____

BUSINESS NAME _____

MAILING ADDRESS _____

PHONE _____ FAX _____

PERMIT PHYSICAL ADDRESS _____

SPECIAL EVENTS ONLY

EVENT TITLE _____

START DATE _____ END DATE _____

(To be completed by the Fire Department)

INSPECTION REQUIRED BEFORE EVENT YES _____ NO _____

INSPECTION DATE _____ TIME _____

FIRE EQUIPMENT REQUIRED YES _____ NO _____

TYPE _____

FIREFIGHTERS REQUIRED YES _____ NO _____

NUMBER REQUIRED _____

REQUIRED ATTACHMENTS

(Refer to the Application Guidelines)

- | | |
|--|--|
| <p>_____ PLOT PLAN</p> <p>_____ FLOOR PLANS</p> <p>_____ SAFETY PLANS</p> <p>_____ SEATING PLAN</p> <p>_____ BLUEPRINTS</p> <p>_____ OTHER _____</p> <p>_____ OTHER _____</p> <p>_____ OTHER _____</p> | <p>_____ CERTIFICATE OF INSURANCE</p> <p>_____ TECHNICAL DATA SHEETS</p> <p>_____ MANUFACTURES INFORMATION</p> <p>_____ COPY OF LICENSE/CERTIFICATION</p> <p>_____ COPY OF ZONING PERMIT</p> |
|--|--|

PERMIT TYPE

(Refer to the Application Guidelines)

| TYPE | OPERATIONAL | CONSTRUCTION | FEE |
|-------|-------------|--------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Date Submitted _____

One Copy - Fire Inspector One Copy - Applicant