

## CHARLOTTE FIRE DEPARTMENT FIRE PREVENTION BUREAU Permit Application

Facility Information					
This is the actual location for which the permit(s) are issued. For businesses with multiple locations throughout the City of Charlotte, it is helpful to include the store number in the business name.					
Business Name:			Land Use:	Occ. Use:	
Address:			Unit:	Zip Code:	
Phone Number:		E-mail:			
Mailing Information           If permit fee payment requests are submitted to a central or corporate office that is different from the facility address, the mailing fields must be completed.					
Name:					
Address:			Suite/Bldg:		
City:		S	tate:	Zip Code:	
Phone Number:		E-mail:			
Emergency Contacts Provide the names and phone numbers of a minimum of two local emergency contacts.					
1.		Ph:	Cell:		
2.		Ph:	Cell:		
Responsible Applicant					
Name:	Name: Title:				
Signature: Date:					
I certify that the information provided and contained herein is true and accurate to the best of my knowledge. The issuance of a					
permit shall not be deemed as approval to violate any provisions of the North Carolina State Fire or Building Codes. The code official has the right to inspect the premises to ensure compliance with provisions of the fire code. <b>NOTE: Any change in amounts</b>					
or types of hazardous materials for which this permit is issued shall require prior notification and approval by the Fire Marshal's					
Office.					
Return the completed and signed application, Hazardous Materials Inventory Statement, site plan and check to: Charlotte Fire Department – Fire Prevention Bureau 500 Dalton Avenue					
Charlotte, North Carolina 28206					
Phone: 704-336-2101 Facsimile: 704-632-8451 Make check payable to "City of Charlotte". If paying by credit card, contact the Fire Marshal's Office to provide information.					
		CFD Office Use	Only		
	_ Fee: \$				
	Fee: \$			rough://	
	Fee: \$			Emp. #:	
	Fee: \$		•		
Permit Code:	Fee: \$	Entry Date:	_// Entere	d By:	

Total: \$\_\_\_\_\_ Exempt: \_\_\_\_