



VALDESE FIRE DEPARTMENT PERMIT APPLICATION



APPLICANT (BUSINESS NAME):		
ADDRESS:		
MAILING ADDRESS:		
TELEPHONE NUMBER:		
NAME AND TITLE OF PERSON MAKING APPLICATION:		
NAME:		TITLE:
EMAIL:		
REQUESTED PERMIT START DATE:		REQUESTED PERMIT END DATE:
APPLICATION FOR FIRE PERMIT IS BEING MADE FOR THE FOLLOWING:		
THESE ANSWERS HAVE BEEN GIVEN TO THE BEST OF MY ABILITY AND KNOWLEDGE. I HEREBY UNDERSTAND THAT ANY ANSWER DELIBERATELY FALSIFIED OR MISREPRESENTED SHALL BE JUSTIFICATION FOR REVOCATION OF THE FIRE PERMIT AND WILL BE SUBJECT TO CIVIL FINES FROM THE TOWN OF VALDESE. I UNDERSTAND THAT WORK CONDUCTED OUTSIDE THE DATES LISTED ON THE ISSUED PERMIT WILL RESULT IN CIVIL FINES FROM THE TOWN OF VALDESE.		
_____ SIGNATURE	_____ TITLE	_____ DATE
FOR FIRE DEPARTMENT USE ONLY		
DATE RECEIVED: _____	RECEIVED BY: _____	
ASSIGNED TO: _____	REVEIWD BY: _____	
DATE REVEIWD/ INSPECTED: _____	DENIED: <input type="checkbox"/>	
AMOUNT OF FEE: <u>\$0.00</u>	PERMIT NUMBER: _____	
ACUTAL DATES LISTED ON ISSUED PERMIT- START DATE:		END DATE: