



Violet Township Fire Department

Permit Application

LOCATION

Building Address

City

Zip Code

Project/Job Site #

CONTACTS

Architectural/Engineering Firm

Company Name

Phone #

Email

Mailing Address – Street

City

State

Zip

Lead Arch/Engineer

Email

Phone #

General Contractor

Company Name

Phone #

Email

Mailing Address – Street

City

State

Zip

Primary Emergency Contact & Job Title

24 Hour Contact Phone # & Email

Secondary Emergency Contact & Job Title

24 Hour Contact Phone # & Email

CERTIFIED ONSITE PERSONNEL:

Name

License #

Name

License #

The listed *Applicant* hereby makes application for the following permits:

Type of Permit

of Systems

Amount Due

\$

\$

\$

Commercial/Subdivision Plan Review Fee

\$

Details regarding the above permit application request must be filed with the application is made, and whenever requested by the Fire Code Official. It is the applicant's responsibility to ensure that the proposed work is in accordance with applicable State and Local fire regulations.

Electronic Signature

Date

OFFICE USE ONLY

Date Issued: _____

Fee: \$ _____

Check #: _____

Permit #: _____

Fire Marshal: _____