



Permit Application

Date of Application: _____

Business Name: _____

Address: _____

Phone Number: _____

The above listed applicant hereby makes application for:

Details regarding the above request must be filed when the application is made and whenever requested by the Fire Marshal. It is the applicant's responsibility to ensure that conditions are in accordance with applicable state and local fire regulations.

Applicant Signature

Date

Fayetteville Fire Marshal Office
5091 Santa Fe Dr.
Fayetteville, NC 28303-5537
910-433-1730 Office
www.fayettevillenc.gov

An Equal Opportunity Employer