City of Norfolk
Department of Fire-Rescue

Fire Marshal's Office
Application for Operational Permit(s)

Completed application must be returned for permit(s) to be processed

☐ New ☐ Renewal ☐ Cancel **(No longer operating)**

Business Information: (Print all information)

Business			Building Owner (☐ Check box if same as Business)		
Business Name:			**Name:**		
Address:		**Suite:**	**Address:**		**Suite:**
City: Norfolk	**State: VA**	**Zip:**	**City:**	**State:**	**Zip:**
Phone:	**Tax ID/EIN:**		**24Hr Phone:**		

Business Owner			Billing Info (☐ Check box if same as Business)		
Name:			**Name:**		
Address:		**Suite:**	**Address:**		**Suite:**
City:	**State:**	**Zip:**	**City:**	**State:**	**Zip:**
24Hr Phone:			**Phone:**		
E-mail:			**E-mail:**		

Building / Business Info

Number of Floors:	Business Type:	Business License#:

Operational Permits Required

☐ Assembly	☐ Auto/ Marine Repair Garages	☐ Tent/Canopy/Membrane Structure
☐ Aviation Facility	☐ Hazardous Materials Storage/Use/Handling	☐ Tire Rebuilding Plant
☐ Bulk Flam/Comb Liquid Storage	☐ High Pile Storage	☐ Tank Filling/Tank Removal
☐ Combustible Dust	☐ Fixed Site Hot Work	☐ Vehicle/Equipment Display
☐ Combustible Fiber	☐ Hazardous Production Material Facility	☐ Waste Handling
☐ Dry Cleaning	☐ Industrial Oven	☐ Contractor Cutting/Welding
☐ Explosives	☐ Combustible Storage including Scrap Tires and/or Tire Byproducts	
☐ Fruit and Crop Ripening	☐ Spray/Dipping	
☐ Fumigation		

The permits listed above are $75.00 each with the exception of Bulk Storage Flam/Comb Liquid. Outdoor/Indoor fireworks display is $100.00. Permits shall be mailed to the business address of record receiving the permits. Permits shall be posted in a conspicuous location and available for review.

Certification and Signature

_____ **I acknowledge that in order to close a business that has been issued a hazardous materials operational permit, a closure application is required to be submitted 30 days prior to anticipated closure date. The application for business closure has been provided to me. (If applicable)**
(Initial)

_____ **I acknowledge that I have received the fire code guidelines for Cutting/Welding or Fixed Site Hotwork operations. (If applicable)**
(Initial)

I hereby certify that the information contained in this application is, to the best of my knowledge, true and correct. I understand that these permits are to be renewed on an annual basis prior to when the current permit expire. Failure to pay on time can result in additional fees and/or legal action to collect the account.

Date: **Printed Name:** **Signature:**

Make checks payable to:
Norfolk City Treasurer

Mail application along with payment to:
Norfolk Fire-Rescue FMO- 100 Brooke Ave. Suite 400
Norfolk, VA 23510

FMO USE ONLY:

Inspection: ☐ **Required** ☐ **Schedule** ☐ **Completed** ☐ **Approved** ☐**Disapproved**_____

For Questions contact the Norfolk Fire Marshals Office at 664-6604