



Fire Marshal's Office

Application for Demo and Tank Permits

Application must be completed for permit(s) to be processed

Please print all information clearly

Property Information

Address:		Zip:	Commercial or Residential (circle one)	
Number of Floors/Stories:				
Property Owner			Contractor	
Name:			Business Name:	
Address:		Suite:	Address: Suite:	
City:	State:	Zip:	City:	State: Zip:
Demo Permit or Tank Permit (circle one)			Phone: (MUST be a physical address, NO PO Boxes allowed)	

Permit Information

Residential Demo

Tank

What will be demolished? (circle all that will be demolished) <input type="checkbox"/> single family home <input type="checkbox"/> multi-family (apt, etc.) how many units? _____ <input type="checkbox"/> attached garage or shed <input type="checkbox"/> detached garage or shed	How many tanks are on the property?
	What size is each tank?
	Will the tank(s) be filled or removed?
	If filled, what will the tank(s) be filled with?
Notes:	Notes:

Certification and Signature

I hereby certify that the information contained in this application is, to the best of my knowledge, true and correct.

I understand that permits expire in 30 days.

Date: Printed Name: Signature:

FMO USE ONLY

Inspection: Scheduled Completed Approved Disapproved

FMO Signature _____