

GRAHAM COUNTY FIRE PREVENTION PERMIT APPLICATION

NAME OF BUSINESS: _____

LOCATION OF BUSINESS (911 ADDRESS): _____

CONTACT PERSON: _____

CONTACT PERSON PHONE #: _____

HOURS OF OPERATION: _____

DAYS OF WEEK OF OPERATION: _____

PLEASE CIRCLE BELOW THE TYPE OF BUSINESS:

ASSEMBLY	BUSINESS	EDUCATIONAL	FACTORY	INDUSTRIAL
HAZARD	INSTITUTIONAL	MERCANTILE	RESIDENTIAL	STORAGE
UTILITY	MARINAS	MISCELLANEOUS	OTHERS	HIGH RISE

EXAMPLES:

ASSEMBLY --- CHURCHS, AUDITORIUM, STADIUMS

BUSINESS --- RESTURANTS, STORES, GARAGES, LUMBER YARDS, GAS STATION, BODY SHOPS

RESIDENTIAL ---- MOTELS, HOTELS, RENTAL CABINS, PRIVATE FOSTER HOMES

INDUSTRIAL--- FURNITURE FACTORY, SAWMILLS, CABINET SHOPS

INSTITUTIONAL---- JAILS, NURSING HOMES

EDUCATIONAL ----- SCHOOLS

SIGNATURE: _____

DATE: _____