



# BRISTOL TOWNSHIP

Office of the Fire Marshal

2501 Bath Road · Bristol, PA 19007 · (215) 785-0500 · Fax (215) 788-8541

## FIRE PERMIT APPLICATION

Application Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Square Footage to be Occupied: \_\_\_\_\_

Type of business, work or special event/activity you are making application for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner's Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous business at this location (if applicable) \_\_\_\_\_

*I hereby acknowledge that, I have read this application, that the information given is correct, and that I am the business owner, or duly authorized to act on the owner's behalf and hereby agree to comply with the application requirements, township fire code, and all other applicable codes, laws and ordinances. I understand that all work must be conducted, installed, and completed in an acceptable manner so as to secure the results intended by the appropriate Township Codes and manufactures specifications.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\*\*\*\*\* **DO NOT WRITE BELOW THIS LINE** \*\*\*\*\*

Use Group: \_\_\_\_\_ IFC Code Section: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Fire Marshal comments/requirements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Fire Marshal

\_\_\_\_\_  
Date

Receipt #: \_\_\_\_\_

Check# \_\_\_\_\_ Cash: \_\_\_\_\_ Visa/Master Card