



central county

FIRE & RESCUE

WORKING TOGETHER, KEEPING YOU SAFE

SPECIAL USE PERMIT

Permit Fee: _____ Permit Number: _____

Address to be Inspected: _____

Business Name: _____

Permit Use _____ Date of Event _____

Requested Inspection Date _____

The below listed individual/business hereby makes application for a *SPECIAL USE PERMIT*; to conduct temporary business within the confines of Central County Fire and Rescue.

PLEASE PRINT

OWNER NAME: _____

ADDRESS: _____

CITY/STATE: _____

TELEPHONE: _____

Said permit shall comply with all applicable requirements of Central County Fire and Rescue, Fire Prevention Codes and International Fire Code PRIOR to the issuance of this permit.

EMERGENCY INFORMATION

24 HOUR TELEPHONE NUMBERS OF RESPONSIBLE PARTIES:

PLEASE PRINT

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

SIGNATURE OF APPLICANT _____ DATE _____

INSPECTED & APPROVED BY: _____ DATE _____

Expiration date of permit: _____

