



PERSON COUNTY FIRE MARSHAL'S OFFICE

304 S. MORGAN STREET (RM 152)

ROXBORO, NC 27573

(336)330-2315 firemarshal@personcountync.gov

OPERATIONAL PERMIT APPLICATION

OFFICE USE ONLY

PERMIT # _____

- | | |
|---|---|
| ☐ Spraying or dipping | ☐ Liquid/gas-fueled vehicles/equipment in assembly buildings |
| ☐ Covered mall buildings | ☐ Carnivals and fairs |
| ☐ Pyrotechnic special effects material | ☐ Exhibits and Trade Shows |
| ☐ Flammable and combustible liquids | ☐ Explosives |
| ☐ Temporary membrane structures, tents, & canopies | ☐ Hazardous Materials |
| ☐ Fumigation and thermal insecticidal fogging | ☐ Amusement buildings |

Other: _____

Description of Work: Plans Submitted ☐ Yes ☐ No

Project Information: (Must Have Complete Street Address)

Project Name: _____

Project Address: _____

Owner/Tenant Name: _____

Contractor Information: (Company Applying For Permit)

Contractor Name: _____ Telephone: (____) _____

Billing Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

NC State License # _____ Class(es) _____

The undersigned makes application for permits and inspections of work described above and agrees to comply with all applicable state and local codes and laws regarding the work. All fees are in accordance to the current fee schedule based on work described.

Double fees will be charged if work starts prior to obtaining a permit.

CERTIFICATION AND SIGNATURE

These answers have been given to the best of my ability and knowledge. I hereby understand that any answers deliberately falsified or misrepresented shall be justification for revocation of permit and subject to fines.

PRINT NAME SIGNATURE / /
DATE

Please allow seven to ten (7-10) working days for processing.

There will be a permit fee assessed for each application.

Fees shall be paid prior to the issuance of the permit.

Make checks payable to: **Person County Fire Marshal**

NOTE: Person County shall not be responsible for any injuries or damages to property by reason of issuance of a permit or inspections made thereto.

OFFICE USE ONLY

☐ APPROVED ☐ DENIED Permit #: _____

FIRE MARSHAL (PRINT) FIRE MARSHAL SIGNATURE / /
DATE

Permit Fees: \$ _____ Plan Review: \$ _____ Inspections: \$ _____

Amount Due: _____ Amount Paid: _____ Cash/Check: _____ Receipt #: _____