## MUNICIPALITY OF NORRISTOWN

235 East Airy Street Norristown, PA 19401 Phone- 610-270-2894 Fax- 610-292-8090 www.norristown.org info@norristown.org

## OFFICE OF THE FIRE MARSHAL CONSTRUCTION FIRE PERMIT APPLICATION



This application must have the attached copy of a customer signed contract. All permit fees are to be paid at the time of the application.

	_	_	
Address for the Permit:			
Contractor Name:			Phone:
Contractor's Address:	City:	State:	Zip Code:
Contractor's Cell Telephone #		Email Address:	
Estimated Cost of Work Being Performed \$		Job Start Date:	
operty Owner's Name:		Phone:	
Property Owner's Address:	City:	State:	Zip Code:
Architect/Engineer(s) Name		Telephone:	
Address:	City:	State:	_ Zip Code:
Are three sets of plans attached? Yes	_ No		
Are the plans sealed by a NICET level III or above	designer? Yes	No	
Are plans available on CAD? Yes 1	No		
Please state in detail the work being performed:			
I hereby certify that the above proposed work	ι is authorized by the owner	of record and that all installat	ions, alterations, additions, a
repairs will conform to the requirements so application	et forth by the Municipality ( n, and the laws of the Commo		nance, in effect at the time of
Applicant's Signature:		Telephone:	
Code Official's Signature:		Date:	
For Office Use Only			
·			
Date:			
Permit Number:			
Routing Slip Number:			
License Number:			