



CITY OF MARY ESTHER FIRE DEPARTMENT

195 N. Cristobal Road, Mary Esther, FL 32569
Phone: 850-243-5632 Fax: 850-243-0736
Email: station11@cityofmaryesther.com

APPLICATION FOR FIRE PREVENTION PERMIT

APPLICANT INFORMATION

Applicant's Name: _____

Business Name: _____

Business Address: _____
(Street) (City) (State) (Zip)

Mailing Address If Different: _____
(Street) (City) (State) (Zip)

Business phone: _____ Emergency phone: _____

Job/Site Location: _____

PERMIT APPLYING FOR:

1. Fee shall be paid at the time of application.
2. A fire inspection shall be performed and approved prior to issuance of permit.
3. I understand that no activity for which a permit is required shall be conducted without a permit. It is hereby expressly agreed that the applicant shall comply with all requirements as prescribed by statute, ordinance, code or regulation pertaining to and governing such activity.
4. After the first re-inspection, re-inspection fees shall apply.
5. If applicant fails to meet requirements as set forth above or an inspection has been performed, application fee is non-refundable.

Signature of Applicant: _____ Date: _____

PERMIT APPLICATION RECEIPT

Received from: _____ No. _____

Amount: _____ \$ _____

Check Number: _____ Cash: _____

OFFICE USE ONLY: RECEIVED BY: _____ DATE: _____