

**NEW BERN FIRE-RESCUE  
Fire Prevention Bureau**

PERMIT APPLICATION

Before presenting this application for approval, please be sure that all information is filled in **accurately**, **completely**, and **legibly**. This application will become part of a permanent record.

**SITE/LOCATION INFORMATION**

TYPE OF PERMIT		DATES OF USE	
ADDRESS (Site/Location)			
BUSINESS NAME			
PROPOSED USE OF LOCATION			
MAILING ADDRESS (If different than above)			
BUSINESS PHONE NUMBER			
OWNER OF PROPERTY			
OWNERS ADDRESS			
OWNERS PHONE NUMBER			

**PERMITTEE INFORMATION**

NAME OF PERMITTEE			
PERMITTEE ADDRESS			
PERMITTEE PHONE NUMBER			
PERMITTEE BOND/CERTIFICATE OF INSURANCE			
COPY PROOF OF INSURANCE PROVIDED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
SIGNATURE OF PERMITTEE		DATE	

----- **DO NOT WRITE BELOW THIS LINE** -----

APPROVED		DENIED		DATE		PERMIT NUMBER	
TEMPORARY		SINGLE		CONSOLIDATED			
FEE	\$	RECEIPT NUMBER		PERMIT VALID THRU			
COMMENTS:							

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**Fire Inspector**

*Please note that all permits expire after 30 days; all extensions will require application with this office.*