

**CITY OF NEW BERN FIRE-RESCUE DEPARTMENT
BUREAU OF FIRE PREVENTION
PERMIT APPLICATION**

Please fill in completely before presenting for approval. All information must be accurate and legible. If you make an error, be sure to correct it. This will be a permanent record. **PLEASE BE NEAT AND WRITE LEGIBLY.**

STREET NUMBER _____	STREET NAME _____	<input type="checkbox"/> Inside City Limits <input type="checkbox"/> ETJ <input type="checkbox"/> First Fire District
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Property Owner _____ Phone (_____) _____

Address _____ State _____ Zip _____

Engineer _____

Permittee _____ License No _____ Phone (_____) _____

Address _____ State _____ Zip _____

Permittee's Bond/Certificate of Insurance Provided? Yes No

General Contractor _____ Phone (_____) _____

Use of Building	Construction Type	Type of Work	Permit Type	System Information
<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Institutional <input type="checkbox"/> Assembly <input type="checkbox"/> Storage <input type="checkbox"/> Mercantile <input type="checkbox"/> Industrial <input type="checkbox"/> Hazardous	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	<input type="checkbox"/> New <input type="checkbox"/> Additions <input type="checkbox"/> Alterations <input type="checkbox"/> Up-Fit	<input type="checkbox"/> Tent - Construction <input type="checkbox"/> Tent - Operational <input type="checkbox"/> Covered Mall Buildings <input type="checkbox"/> Events <input type="checkbox"/> Trade Shows <input type="checkbox"/> Fairs & Carnivals <input type="checkbox"/> Mall Display <input type="checkbox"/> Vehicle Display <input type="checkbox"/> Fireworks Display <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Sprinkler <input type="checkbox"/> Standpipe <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Hood System <input type="checkbox"/> Other _____ _____ _____ <hr/> <p align="center">Code Required System <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Size of Structure (Sq. Footage) _____ No. Stories _____ No. Sprinkler Heads _____

The undersigned hereby makes application for a permit and the inspection of all work described above, and agrees to comply with all building regulations and other laws applicable to the use and construction of the above work and/or permit use.

Signature of Applicant _____ Date _____

- NOTES:** 1. Call for inspection at proper stage of work.
 2. This application becomes a permit only when approved by the City of New Bern Bureau of Fire Prevention.

OFFICIAL USE ONLY: Do not write below this line

_____ Approved Rejected
 Fire Code Official _____ Date _____

FEE	RECEIPT NUMBER	DATE PERMIT IS VALID THROUGH	PERMIT NUMBER
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Please note that no permit will be processed unless ALL paperwork and plans are submitted together at least five (5) business days before the permit is needed.