



West Licking Joint Fire District

Permit Application

Date: _____

Business/Organization:

Contractor:

Name

Name

Address

Address

City

State

Zip

City

State

Zip

Contact

Phone

Phone

License #

Certified Onsite Personnel:

Name

License #

Name

License #

The listed *Applicant* hereby makes application for the following permits:

Type of Permit

of Systems

Amount Due

\$ _____

\$ _____

\$ _____

Underground Fire Line Inspection Fee Deposit

\$ _____

Details regarding the above permit application request must be filed with the application is made, and whenever requested by the Fire Code Official. It is the applicant's responsibility to ensure that the proposed work is in accordance with applicable State and Local fire regulations.

Signature

Date

OFFICE USE ONLY

Date Issued: _____

Fee: \$ _____

Permit #: _____

Inspector: _____