



City of Southport

# Application for Fire Prevention Inspection

Permit #

Date:

Inspection requested:  Day Care/Foster Home  Tent  Business

New Construction  Public Facility  Existing Structure

- A. Applicant \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax: \_\_\_\_\_
- B. Property Owner \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax: \_\_\_\_\_
- C Street Address \_\_\_\_\_
- D Plans Required:  Yes  No
- E Plans Submitted:  Yes  No
- F Date requested for inspection: \_\_\_\_\_

NOTE: THE PERMIT WILL BE REVOKED WHEN CONDITIONS CHANGE, AS OUTLINED IN THE NORTH CAROLINA FIRE CODE, CHAPTER 4, OR WHEN ANY PROVISIONS OF THE CODE, INCLUDING PAYMENT OF FEES, ARE NOT MET.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee: \_\_\_\_\_ Paid: \_\_\_\_\_