



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: _____