

Fire Marshal Permit Application

Property address: _____

Proposed project start date: _____ Expected project finish date: _____

Property Owner's Name: _____ Phone: _____

Property Owner's Address: _____

Project Contact person: _____ Phone: _____

Check all that pertains to new or modified work on this project:

- Heating Systems (Oil, gas, etc) Tank (Replacement & Removal) Cryogenic Fluids
- Explosives Hot Water Heater Cutting & Welding
- Open Burning Fire Alarm Systems Hazardous Materials
- LP-gas Spraying or Dipping
- Special Fire Suppression Systems (Install & Modifications)
- Flammable & Combustible Liquids Storage
- Alternative Heating (Wood / Pellet Stoves, Fireplace Inserts, etc)
- Fire Sprinkler System (Install & Modifications)
- Pyrotechnic Special Effects Material (Fireworks)
- Kitchen Fire Suppression Systems (Install & Modifications)
- Temporary Membrane Structures & Tents

OTHER – PLEASE DESCRIBE: _____

over _____

Area of building/property where work is to be performed _____

I hereby make application for a Fire Marshal Permit in accordance with specification and plans herewith submitted and subject to all requirements of the Pottstown's Borough of Codes. I will notify the Codes Office upon completion of the work to schedule an appointment for inspection. I grant permission to Borough's employees and or their agents to enter property for inspections purposes.

Contractor Name: _____ Contractor License # _____

Contractor Address: _____

Contractor Phone Number: _____

Applicant's Name: _____ Phone: _____

Authorized Agent of Owner: (printed) _____

Signature: _____ Date: _____

Approved by : _____ Date: _____

Estimate / Quote of work covered by this permit: \$ _____

FEES: \$60.00 for the first \$2,000.00 and then 3%

↓ DO NOT WRITE BELOW THIS LINE ---OFFICE USE ONLY ↓

PERMIT FEE: \$ _____

STATE SURCHARGE: \$ 4.00

TOTAL FEE: \$ _____

PERMIT FEES ARE NON-REFUNDABLE

FEES: \$60.00 for the first \$2,000.00 and then 3%

PAYMENT NOT ACCEPTED UNTIL APPROVED

NOTIFY CODES OFFICE UPON COMPLETION OF WORK



Borough of Pottstown

*Borough Hall, 100 East High Street
Pottstown, Pennsylvania 19464-9525
610-970-6520 fax 610-970-6599*

\$100.00 DEPOSIT APPLICATION

MUST BE TYPED OR PRINTED IN INK

NAME _____
(PERSON / BUSINESS PAYING THE \$100.00 DEPOSIT)

ADDRESS OF PERSON / BUSINESS PAYING THE DEPOSIT:

PERMIT # _____

WORKSITE ADDRESS _____

I HEREBY REQUEST RELEASE OF DEPOSIT UPON FINAL INSPECTION. I UNDERSTAND THAT THE REFUNDS ARE PAID AT THE END OF EACH MONTH, AND THIS REQUEST WILL BE PROCESSED ACCORDINGLY.

SIGNATURE: _____ **DATE:** _____

THE INFORMATION ABOVE WILL ENSURE THE BOROUGH OF POTTSTOWN CAN RETURN THE DEPOSIT AFTER FINAL INSPECTION HAS OCCURRED.

SIGNATURE OF CODES OFFICER _____

DATE OF FINAL INSPECTION _____

SIGNATURE/CODES MANAGER _____