

MUNICIPALITY OF
NORRISTOWN
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OFFICE OF THE FIRE MARSHAL

OPERATIONAL

FIRE PERMIT APPLICATION



The permit fee is to be paid at the time of application.

Address for the Permit: _____

Applicant's Name: _____ Phone: _____

Applicant's Address: _____ City: _____ State: _____ Zip Code: _____

Please specify the start and stop date of the Operation/Business _____

Property Owner's Name: _____ Phone: _____

Property Owner's Address: _____ City: _____ State: _____ Zip Code: _____

Please state in detail what the permit request is for:

If required, a scaled drawing showing site/floor plans, occupant loads, means of egress, total space requirements, total gallons, lbs., etc. and the materials being stored and a complete layout of the operation and/or work being performed, must be submitted with this application on a separate sheet, material registration, or MSDS form.

I hereby certify that the above event is authorized by the property owner of record and that the operation or business will conform to the requirements set forth by the Municipality of Norristown Fire Code Ordinance, in effect at the time of application, and the laws of the Commonwealth of Pennsylvania.

Applicant's Signature: _____

Telephone: _____

Code Official's Signature: _____

Date: _____

For Office Use Only

Date: _____

Permit Number: _____

Routing Slip Number: _____

License Number: _____