

MUNICIPALITY OF
NORRISTOWN
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info@norristown.org

OFFICE OF THE FIRE MARSHAL
CONSTRUCTION
FIRE PERMIT APPLICATION



This application must have the attached copy of a customer signed contract. All permit fees are to be paid at the time of the application.

Address for the Permit: _____

Contractor Name: _____ Phone: _____

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

Contractor's Cell Telephone # _____ Email Address: _____

Estimated Cost of Work Being Performed \$ _____ Job Start Date: _____

Property Owner's Name: _____ Phone: _____

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

Architect/Engineer(s) Name _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Are three sets of plans attached? Yes No

Are the plans sealed by a NICET level III or above designer? Yes No

Are plans available on CAD? Yes No

Please state in detail the work being performed:

I hereby certify that the above proposed work is authorized by the owner of record and that all installations, alterations, additions, and repairs 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: _____