

PERMIT APPLICATION FORM
COEUR D'ALENE FIRE PREVENTION BUREAU OFFICE
(208)769-2245



Installation/Construction Site

BUSINESS NAME _____

ADDRESS _____

Installer/Contractor/Owner

APPLICANT NAME _____

PHONE NUMBER _____

EMAIL ADDRESS _____

Please describe all operations and installations requiring a permit. All operations and processes must be described below.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction of work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. It is the duty of the person doing the work authorized by a permit to notify the Fire Department that work is ready for inspection. Please call 24 hours in advance of the requested inspection at 769-2245.

Signature of applicant

Date

DO NOT WRITE IN THIS SPACE – OFFICIAL USE ONLY

Receipt # _____ Collected by _____

Permit issued on _____ PERMIT EXPIRES ON _____