



SALISBURY TOWNSHIP
POLICE
OFFICE OF FIRE SAFETY

3000 S. Pike Avenue
Allentown, PA 18103
Phone: 610-797-1447
Fax: 610-797-4733

FIRE PERMIT APPLICATION
CERTIFICATE OF OPERATION

Permit No.: _____
Date Received: _____
Date Issued: _____

Select: New Business Change in Business Type Change in Occupancy Class
 Change in Business/Property Owner Other _____

Site Address: _____

Owner: _____ Phone: _____

Mailing Address: _____

Contractor: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Business Type and Property Usage: _____

Signature: _____ Date: _____

CONTACT THE SALISBURY TOWNSHIP FIRE INSPECTIONS OFFICE TO SCHEDULE AN INITIAL FIRE INSPECTION IN ORDER TO RECEIVE YOUR CERTIFICATE OF OPERATION BEFORE YOUR BUSINESS WILL BE ABLE TO OPERATE. PLEASE COMPLETE PAGE 1 AND SUBMIT IT TO THE TOWNSHIP OFFICE. THE REMAINDER OF THE PERMIT IS TO BE COMPLETED PRIOR TO THE INSPECTION. SEE SECOND PAGE FOR REQUIREMENTS FOR THIS INSPECTION.



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REQUIREMENTS FOR CERTIFICATE OF OPERATION FIRE INSPECTION:

1. KEY TO YOUR BUSINESS/FACILITY FOR THE KNOX BOX MUST BE SECURED DURING INSPECTION IN YOUR KNOX BOX. *(YOU MUST ACQUIRE AND INSTALL PRIOR TO THE INSPECTION)***
2. FLOOR PLAN/BUILDING LAYOUT WITH EMERGENCY EXIT ROUTES MARKED AND DISPLAYED AT APPROPRIATE LOCATIONS. PLEASE HAVE AN ADDITIONAL COPY READY FOR THE FIRE INSPECTOR TO INCLUDE IN THE INSPECTION FILE.
3. ENSURE ALL EMERGENCY AND FIRE SUPPRESSION SYSTEMS ARE IN PLACE AND OPERATIONAL. *(THIS INCLUDES EMERGENCY LIGHTING, EXIT SIGNS AND FIRE EXTINGUISHERS)*
4. EMERGENCY PLANS MUST BE UP TO DATE AND AVAILABLE, IF REQUIRED.
5. A COMPLETED EMERGENCY CONTACTS FORM FOR THE INSPECTION FILE. *(INCLUDED IN THIS FORM)*
6. SCHEDULE AN INSPECTION: 610-797-1447.

UPON COMPLETION OF THIS INSPECTION, YOU WILL BE ISSUED A FEE OF \$50.00 WHICH WILL BE INVOICED WITHIN 30 DAYS. IF YOU HAVE QUESTIONS OR CONCERNS, PLEASE CALL THE FIRE INSPECTIONS OFFICE AT 610-797-1447.

****TO ACQUIRE A NEW KNOX BOX, PLEASE CALL THE FIRE INSPECTOR TO GET THE INFORMATION REQUIRED TO ORDER THE KNOX BOX SYSTEM.**



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EMERGENCY CONTACTS FORM

(Print only please)

Date: _____

Company Name: _____

Mailing Address: _____

Physical Address: _____

Office: () _____ Fax: () _____

Business Type: _____

Fire/Security Alarm Company: _____ Is Your Facility Surveillance System Equipped? _____

Owner(s): _____

(Home Phone) (Cell Phone) (Other)

1st: _____
(Name) (Title)

(Home Phone) (Cell Phone) (Other)

2nd: _____
(Name) (Title)

(Home Phone) (Cell Phone) (Other)

3rd: _____
(Name) (Title)

(Home Phone) (Cell Phone) (Other)

If any of this information changes, please e-mail or fax the new information to:
Salisbury Township Fire Inspector 610-797-4733