

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

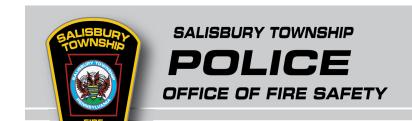
Fax: 610-797-4733

## FIRE PERMIT APPLICATION

## **CERTIFICATE OF OPERATION**

	Permit No.:	
	Date Received:	
	Date Issued:	
Select: [] New Business [] Change in Business Type [] Change in 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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## REOUIREMENTS 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 ACOUIRE 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:		_
	Is Your Facility Surveillance System Equipped?	
Owner(s):		· · · · · · · · · · · · · · · · · · ·
(Home Phone)	(Cell Phone)	(Other)
a st		
1 <sup>st</sup> : (Name)	(Title)	
(Name)	(11	ne)
(Home Phone)	(Cell Phone)	(Other)
and.		
2 <sup>nd</sup> : (Name)	(Title)	
(Tunie)	(11	
(Home Phone)	(Cell Phone)	(Other)
3 <sup>rd</sup> :		
(Name)	(Title)	
		,
(I N	(C. 11 PI	(0.1)
(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