



and Associates



Civil • Municipal • Environmental • Engineering and Surveying

FIRE SAFETY /CHANGE OF OCCUPANCY APPLICATION

Date: _____ Municipality: _____

Parcel I.D. # _____ Permit #: _____

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

Inspection Requested By: _____ Building Owner: _____

Address To Be Inspected: _____

New Proprietor: _____ Phone #: _____

Former Use of Building: _____ Type of Construction: _____

Intended Use of Building: _____ Consistent with old use? Yes ___ No ___

Brief Description of Business: _____

Date: _____ Signature: _____

Comments: _____

Please include a check in the amount of \$150 made payable to HMT and Associates, Inc. with your application.