

A SIGNED COPY OF THE CONTRACT MUST BE SUBMITTED WITH APPLICATION



Tax Parcel # _____

Date _____

FIRE PROTECTION PERMIT APPLICATION

*Willistown Township
688 Sugartown Road
Malvern, PA 19355*

Phone 610.647.5300 Fax 610.647.8156

PA State Registration # _____ Cert Ins _____ Liability _____ W/C _____

ICC Certification # _____ WT Registration # _____

Property Address/Site Location:

Address _____ City _____ State _____ Zip _____

Property Owner's Signature _____

Please Print Name _____ Telephone Number _____

Contractor Information:

Name of Company _____

Address _____ City _____ State _____ Zip _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of this jurisdiction. All work is to be done in accordance with Willistown Township ordinances.

Contractor's Signature _____

Please Print Name _____ Telephone Number _____

Check the following item that pertains to your application:

Application for fireworks display _____ Fuel Tank _____

Fire Alarm _____ Sprinkler Stand Pipe _____

1. Attach required documentation and description of proposed work.

2. Cost of Improvement/Work _____

Please do NOT write below this line

Permit # _____ Date Issued _____ Amount Paid \$ _____

Code Administration Officer _____ Date _____

Approved _____ Reason for Disapproval _____