APPLICATION FOR PERMIT/ASSEMBLY OCCUPANCY

DETROIT FIRE DEPARTMENT FIRE MARSHAL DIVISION 1301 Third Street, Detroit, Michigan 48226 Phone: 313-596-2931 Fax: 313-596-2978		For Office Use Only Fee Paid:	
PLEASE TYPE OR PRINT LEGIBLY:			
1.	Applicant Name:	plicant Name: Position:	
2.	Business/Company Name:		
3.	Business Address:		
4.	Office Phone:Alternate Pho	ne:Fax:	
5.	Site (Permit Location) Address:		
6.	Site Operational Building (square feet):		
7.	Names and addresses (no P.O. Box) of all principals and/or persons with interest in business (attach separate sheet, if necessary):		
8.	List Occupant Load(s) for assembly locations:		
9.	On a separate sheet, describe, with specificity, the busine	ess operation/activity at Site and submit a Site Plan.	
10.	On a separate sheet, provide the details of any violations	received by the business entity within the last (1) year.	
11.	Attach plans/drawings detailing where and how hazard	ous materials will be stored on the premises.	
12.	Attach a current copy of the certificate of insurance for the	ne business operations of the entity requesting this permit.	
Stat Cou	te of Michigan) unty of) ss	DF APPLICANT	
the fals	information provided to the City of Detroit on this applic ification, omission, or misrepresentation shall be grounds for re	first being duly sworn deposes and says that all of cation is true, complete and correct, and that any misstatement, fusal of the permit or revocation.	
Signature: Date:			
Exe	ecuted and sworn to before me this day of		
Priı	nt Name:		
My	Commission expires:		
RE\	/. 05-08		