

5186 Stump Rd
Box 387
Plumsteadville, PA 18949

215-766-8914
FAX – 215-766-9831



FIRE PREVENTION APPLICATION

APPLICANT: _____

LOCATION (STREET NUMBER): _____

MAILING ADDRESS: _____

BUSINESS PHONE NUMBER: _____ SQUARE FEET: _____

TYPE OF OPERATION/BUSINESS: (SELECT ALL THAT APPLY)

- Apartment Building
- Boarding House
- Church
- Day Care/Preschool
- Day Nursery (Children under 2 ½ yrs)
- Dry Cleaner
- Educational/School
- Restaurant/Bar *** Fire Suppression System for Cooking Operation? Yes or No
- Other Place of Assembly (Please Specify): _____
- Automotive Service Station/Auto Body Repair/Garage *** Motor Fuels Dispensed? Yes or No
- Application of Flammable Finished/Spray Booths/Dip Tanks
- General Manufacturing/Fabricating Facility *** Specify: _____
- General Storage Facility/Warehouse *** Specify: _____
- Bulk Storage of Mfg. of Flammable/Combustible Liquids/Compressed/Gas/Hazardous Materials
- Bulk Pesticide/Insecticide Storage/Sales of Explosive/Fireworks/Blasting Agents
- Other (Specify) _____
- Fire Alarm/Detection System/Fire Sprinkler System Installed: Yes or No
- General Business Offices
- Hotel/Motel
- Junk Yard/Wrecking Yard
- Lumber Yard/Woodworking Facility
- Medical Office/Lab
- Mercantile/Supermarket/Retail Store
- Nursing Home/Custodial Care Facility

EMERGENCY NAME(S) AND PHONE NUMBER(S):

_____ Ph: _____ Cell: _____

_____ Ph: _____ Cell: _____

Total fee submitted with your application: _____

For Township Use Only

Application Date	Date Issued	Expiration Date	Fee	Permit Number