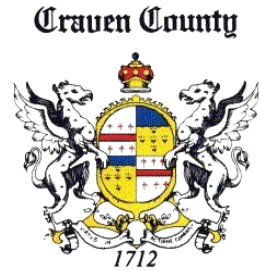


Application # \_\_\_\_\_

Craven County Inspections Department  
2824 Neuse Boulevard  
New Bern, NC 28562  
(252) 636-4987, Fax (252) 636-4984

www.cravencountync.gov



**FIRE PERMIT APPLICATION**

Date: \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_

**APPLICANT/CONTRACTOR:**

Name: \_\_\_\_\_ \*Contractor License (if applicable) #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PROPERTY OWNER:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_ Parcel I.D. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**JOB SITE ADDRESS:** \_\_\_\_\_

**DIRECTIONS:** \_\_\_\_\_

\_\_\_\_\_

**TYPE OF FIRE PERMIT:** Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Church \_\_\_\_\_ Daycare \_\_\_\_\_ Business (New/Owner Change) \_\_\_\_\_

Therapeutic Home \_\_\_\_ Foster Home (Private) \_\_\_\_ Foster Home(DSS-no charge)\_\_\_\_

Fireworks Display (purpose) \_\_\_\_\_

Other (please explain) \_\_\_\_\_

Applicant/Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_