



Fire Marshal's Office

Application for Operational Permit(s)

*** Completed application must be returned for permit(s) to be processed ***

New Renewal Cancel (No longer in operation, closure application also attached)

Business Information: (Print all information)

Business			Emergency Contact (local)		
Business Name:			Name:		
Address:		Suite:	Address:		Suite:
City: Norfolk	State: VA	Zip:	City:	State:	Zip:
Phone:		Tax ID/EIN:	24Hr. Phone(s):		

Building / Business Info

Number of Floors:		Business Type:		Business License #:	
-------------------	--	----------------	--	---------------------	--

Business Owner

Billing Info Check box if same as Business Owner

Name:			Name:		
Address:		Suite:	Address:		Suite:
City:	State:	Zip:	City:	State:	Zip:
Phone:		SSN:	Phone:		
E-mail:			E-mail:		

Required Operational Permits

<input type="checkbox"/> Assembly <input type="checkbox"/> Aviation Facility <input type="checkbox"/> Bulk Storage Flam/Comb Liquid <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Combustible Fiber <input type="checkbox"/> Dry Cleaning <input type="checkbox"/> Explosives <input type="checkbox"/> Fruit and Crop Ripening <input type="checkbox"/> Fumigation	<input type="checkbox"/> Repair Garages - Auto/Marine <input type="checkbox"/> Hazardous Materials Storage/Use/Handling <input type="checkbox"/> High Pile Storage <input type="checkbox"/> Fixed Site Hot Work <input type="checkbox"/> Hazardous Production Material Facility <input type="checkbox"/> Industrial Oven <input type="checkbox"/> Combustible Storage, including Scrap Tires and/or Tire Byproducts <input type="checkbox"/> Spray/Dipping	<input type="checkbox"/> Tent/Canopy/Membrane Structure <input type="checkbox"/> Tire Rebuilding Plant <input type="checkbox"/> Vehicle/Equipment Display <input type="checkbox"/> Waste Handling <input type="checkbox"/> Contractor Cutting/Welding <input type="checkbox"/> Other <div style="text-align: right;"><input type="checkbox"/> Inspection Fee \$50 each</div>
---	---	--

The permits listed above are \$50.00 each with the exception of Bulk Storage Flam/Comb Liquid. The total permit fees shall not exceed \$350.00 regardless of the number of permits required. Permits shall be sent to the business address of record receiving the permits. Permits shall be posted in a conspicuous location and available for review.

Certification and Signature

(Initial) _____ I acknowledge that in order to close a business that has been issued a Hazardous Materials Operational Permit, a Closure Application is required to be submitted 30 days prior to the anticipated closure date. The Closure Application is available online at <http://www.norfolk.gov/index.aspx?nid=619>. (If applicable)

(Initial) _____ I understand that the Fire Code Guidelines for Cutting/Welding or Fixed Site Hot Work Permits are available online at <http://www.norfolk.gov/index.aspx?nid=619> and my business is responsible for compliance with these guidelines. (If applicable)

I hereby certify that the information contained in this application is, to the best of my knowledge, true and correct. I understand that these permits are to be renewed on an annual basis prior to when the current permits expire. Failure to pay on time can result in additional fees and/or legal action to collect the account.

Date: _____ Printed Name: _____ Signature: _____

<p>Make checks payable to: Norfolk City Treasurer</p>	<p>Mail application along with payment to: Norfolk Fire-Rescue, FMO 100 Brooke Ave. Suite 400 Norfolk, VA 23510</p>
---	---

FMO USE ONLY:
 Inspection: Required Schedule Completed Approved Disapproved _____