

APPLICATION FOR FLAMMABLE LIQUIDS / COMBUSTIBLE LIQUIDS/ HAZARDOUS MATERIALS/ STORAGE AND USE

DETROIT FIRE DEPARTMENT
FIRE MARSHAL DIVISION
 250 W. Larned Street, Detroit, Michigan 48226
 Phone: 313-596-2931 Fax: 313-596-2978

For Office Use Only	
Fee Paid: _____	_____
IRC Approval: _____	_____
B&SE C/O: _____	_____
C/A: _____	_____
App. #: _____	Permit #: _____

PLEASE TYPE OR PRINT LEGIBLY:

1. Applicant Name: _____ Position: _____
2. Business/Company Name: _____
3. Business Address: _____
4. Office Phone: _____ Alternate Phone: _____ Fax: _____
5. Site (Permit Location) Address: _____
6. Site Operational Building (square feet) where materials are stored/used: _____
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 material(s) and amount(s) for which permit is requested at this Site (attach separate sheet, if necessary):

9. On a separate sheet, describe, with specificity, the business operation/activity at Site.
10. On a separate sheet, provide the details of any violations received by the business entity within the last ten (10) years.
11. Attach plans/drawings detailing where and how the materials will be stored on the premises.
12. Attach a current copy of the certificate of insurance for the business operations of the entity requesting this permit.

AFFIDAVIT OF APPLICANT

State of Michigan)
 County of _____) ss

_____ first being duly sworn deposes and says that all of the information provided to the City of Detroit on this application is true, complete and correct, and that any misstatement, falsification, omission, or misrepresentation shall be grounds for refusal of the permit or revocation.

Signature: _____ Date: _____

Executed and sworn to before me this _____ day of _____, _____.

Print Name: _____ Notary Public, _____ County

My Commission expires: _____