



JACKSON COUNTY PERMITTING & CODE ENFORCEMENT
Fire Prevention Permit Application

Sylva Office: 538 Scotts Creek Road, Suite 205, Phone: 828-586-7560 / Fax: 828-586-7563
Cashiers Office: 357 Frank Allen Road, Phone: 828-745-6850 / Fax: 828-745-6867

NATURE OF PERMIT: TENT EVENT FIREWORKS PERMIT FEE PAID? YES NO

EVENT DATE(S): _____ SETUP DATE/TIME: _____

SIZE OF TENT(S): _____

RAIN DATE/TIME (IF APPLICABLE): _____ PIN: _____

PHYSICAL ADDRESS FOR EVENT: _____

BUSINESS/PROPERTY OWNER: _____

EVENT COMPANY NAME: _____

EVENT COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EVENT CONTACT PERSON: _____ PHONE: _____

E-MAIL ADDRESS: _____

THIS SECTION FOR FIREWORKS/PYROTECHNICS ONLY*

FIREWORK/PYROTECHNIC MATERIALS STORAGE AREA: _____

WHOLESALE NAME (FIREWORKS ONLY): _____

***COMPLETE DETAILS (INCLUDING SAFETY SITE PLANS) MUST BE SUBMITTED WITH THIS APPLICATION TO THE PERMITTING OFFICE. A SITE INSPECTION MUST BE ARRANGED.**

***NOTE: THE PERMIT WILL BE REVOKED WHEN CONDITIONS CHANGE, AS OUTLINED PURSUANT TO THE NORTH CAROLINA FIRE CODE, OR WHEN ANY PROVISIONS OF THE CODE ARE NOT MET.**

By signing this application, I certify I am aware of the requirement(s) for which the permit is issued and all conditions of the permit will be met in accordance with the Jackson County Prevention and Protection Ordinance along with the NC Fire Prevention Code.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

THIS SECTION TO BE COMPLETED BY FIRE INSPECTOR
Inspections will be regulated by the current version of the NC Fire Prevention Code.

FIRE DISTRICT: _____

APPROVED DENIED (REASON): _____

EXPIRATION DATE: _____

JACKSON COUNTY FIRE INSPECTOR APPROVAL SIGNATURE

APPROVAL DATE

You may submit a completed, signed copy of this application to our office in person, by fax, or e-mail to jcpermitcenter@jacksonnc.org. Fees may be required.