



**JACKSON COUNTY FIRE PREVENTION PERMIT APPLICATION**

PERMIT # \_\_\_\_\_

NATURE OF PERMIT \_\_\_\_\_

APPLICANT/OWNER \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**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.**

**FIREWORKS/PYROTECHNICS ONLY**

Person in Charge of Sale/Display Area \_\_\_\_\_

Fireworks/Pyrotechnic Materials Storage Area \_\_\_\_\_

Wholesaler Name (Fireworks Only) \_\_\_\_\_

Physical Location of Display \_\_\_\_\_

Display (show) Date \_\_\_\_\_ Time \_\_\_\_\_ Rain Date \_\_\_\_\_ Time \_\_\_\_\_

(Complete details (including safety site plans) must be submitted with this application to the Fire Marshal's Office. A site inspection must be arranged.)

**TO BE COMPLETED BY FIRE MARSHALS OFFICE**

REFERENCED CODE \_\_\_\_\_

FIRE DISTRICT \_\_\_\_\_

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 \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ (Reason) \_\_\_\_\_

JACKSON COUNTY FIRE MARSHAL/DESIGNEE

DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_