



## Application to the Fire Marshal

1. Applicant: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_
2. Agent: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_
3. Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_
4. Person to Contact: \_\_\_\_\_ Daytime Telephone # \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Description of Property

5. Street Address/Location: \_\_\_\_\_  
 Assessor's Map #: \_\_\_\_\_ Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Zone: \_\_\_\_\_

### Project Information

6. Project description: \_\_\_\_\_

This review is being done for an application which is to be submitted to:

- Planning & Zoning Commission       Zoning Board of Appeals

*The Owner and applicant hereby grant the Clinton Fire Marshal, or authorized agents, permission to enter upon the property above identified for the purpose of inspection to assist the Clinton Fire Marshal in their review.*

7. Signatures:
- Applicant: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_
- Agent: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_
- Owner: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_