CITY OF SANFORD
Non-Profit Fire Inspection Application
P. O. Box 1788
Sanford, FL 32772-1788
Tel: 407.688.5150

Business Name: _____

Physical Location of Business: _____

Business Mailing Address: _____

Business Phone: _____ Fax: _____

1st Contact Name: _____ Phone: _____

Email Address: _____

2nd Contact Name: _____ Phone: _____

Email Address: _____

Federal Employer ID #: _____

Type of Non Profit ☐ Church ☐ Charitable/Fraternal ☐ Services

Provide a description of the Goods or Materials or Services being offered:

_____

Please complete applicable information:

Square footage: _____ Proposed Start Date: _____

CERTIFICATION: I certify that the foregoing information is true and correct, and understand that providing false or misleading information on this application may result in the denial, or the revocation of any certificate issued by the City of Sanford which was based upon information provided in this application. Violation(s) of the Code of Ordinances of the City of Sanford may result in suspension and operate as grounds for denial of any future certificate issued by the City until the violation(s) is resolved to the satisfaction of the City. I understand that if there are any subsequent changes in the operation of my business as stated in this application, I agree to file the necessary application and seek prior approval from the City of Sanford for such changes.

_____ _____

Signature of Owner/Officer Date Print Name of Owner/Officer

DO NOT WRITE BELOW THIS LINE

Control # _____ Submittal Date: _____

Planning & Development Services Approval: Zoning Classification: _____ Use: _____
☐ Approved ☐ Denied Signature: _____ Date: _____
Comments _____

Fire Prevention Approval:
☐Approved ☐ Denied Signature _____ Date _____
Comments _____

08.29.13