FD	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:
1 <sup>st</sup> Contact Name:	Phone:
Email Address:	
2 <sup>nd</sup> 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 informa	tion:
Square footage: Pr	oposed Start Date:
false or misleading information on issued by the City of Sanford which the Code of Ordinances of the City future certificate issued by the City that if there are any subsequent char	the foregoing information is true and correct, and understand that providing this application may result in the denial, or the revocation of any certificate ch was based upon information provided in this application. Violation(s) of of Sanford may result in suspension and operate as grounds for denial of any until the violation(s) is resolved to the satisfaction of the City. I understand anges in the operation of my business as stated in this application, I agree to eek prior approval from the City of Sanford for such changes.
Signature of Owner/Officer	Do not write below this line
Control #	Submittal Date:
□ Approved □ Denied Signatur	Approval: Zoning Classification:  Use:    re: Date:
	Date