

Tel: 826-4400 Fax: 826-3709

## TOWN OF CHARLESTOWN FIRE INSPECTION APPLICATION

	I	PERMIT F	EE:	\$25.00	
	I	FOLLOW U	JP:	\$10.00	
Today's Date	Date Pd:	Cash	_ Ch	eck #	By:
Owner Name:		Map# <sub>_</sub>		Lot#	
Inspection Site:	P	hone #:			
Installer Name:	Addres	SS:			
Phone #:					
Business Name:	Addres	SS:			
Phone#:					
DESCRIBE TYPE OF INSPECTION:					
Applicant Signature:					
Fire permit granted by	Date:				