



**SAGINAW FIRE DEPARTMENT
APPLICATION FOR PERMIT
801 Federal Avenue
Saginaw, Mi. 48607**



Permit Number _____ Title _____

Applicable Code: IFC _____ State Law _____ NFPA _____

Code References: _____

Firm Name: _____ Phone _____

Mailing Address: _____ Zip _____

Operation Address: _____

Starting Date: _____ Completion Date: _____

Permit Requested For: _____

Has Bond or Insurance been submitted to Saginaw City Fire Marshal _____ Yes _____ No

I, the undersigned, certify that the above stated work shall be in compliance with the applicable codes: Fire Prevention will be notified of all testing requirements.

(Applicant Signature) _____ (Title)

(Official Use Only)

**SAGINAW FIRE DEPARTMENT
OFFICE OF THE CHIEF**

This is to certify that _____
is granted a permit to perform the above stated work in compliance with existing codes and standards.

F.P.B. Use
Inspector: _____
Date: _____
Approved: _____

(Date)

Fire Marshal