



OCCUPANCY PERMIT APPLICATION

Augusta
Fire Protection District

Occupancy? _____
Temporary Occupancy? _____

Address to be occupied _____ Suite _____

Anticipated move-in date _____

Proposed Use _____

Square feet of use _____ Square feet of building _____

Is there to be any construction or structural changes at this location? _____

Business Information

Name of Business _____

Owner _____

Current Address _____

City, State, Zip _____

Phone _____ E-Mail _____

New Business Phone (at new location) _____

Contact Person _____ Phone _____

E-Mail _____

Property Owner _____ Property Manager _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Contact Person _____ Contact Person _____

Phone _____ Phone _____

E-Mail _____ E-Mail _____

- **FEE IS \$100. MAKE CHECKS PAYABLE TO AUGUSTA FIRE DISTRICT.**

The undersigned herewith applies for an occupancy and use for the above described premises under the terms of the applicable codes of the Augusta Fire Protection District.

Emergency Contact Information

Name _____

Phone _____

E-Mail _____

Name _____

Phone _____

E-Mail _____

Name _____

Phone _____

E-Mail _____

FOR OFFICE USE ONLY

PERMIT NO. _____

INSPECTION _____

PAID _____

ISSUED _____

USE _____

OCC. LOAD _____

_____ **X** _____
Print Name **Signature** **Date**