



Commercial Business Location Change Application

The Forsyth County Fire Marshal's Office requires an inspection of all commercial facilities prior to occupancy. Once received by the Business License Division this portion of the application will be sent to the Fire Marshal's Office. Applications will be reviewed by Fire Marshal Staff typically within 5 business days. Once the review is completed the applicant will be contacted in order to coordinate an inspection of the facility.

A. Previous Business Information

Business License Number:

Business Name:

Previous Business Address: City: Zip Code:

B. New Business Information

Business Name: _____ Date Submitted: _____

Business Address: _____ Suite Number: _____

City: _____ State: _____ Zip Code: _____

Permit Applicant Name: _____ Applicant Phone: _____

B. Occupancy Information

Applicant E-mail: _____

Primary Business Activity: _____

If you will be sharing space with another tenant, please complete below:

Existing Business Name: _____

Business Activity: _____

Are you making any non-cosmetic changes?: _____

If yes, what changes?: _____

Square Footage of Tenant Space: _____

Which occupancy type below most closely resembles your business? Check more than one in the case of a mixed occupancy.

- Assembly: Restaurants with capacity > 50, Churches, Amusement, Exercise
- Business: Banks, Beauty shops, Carwash, Clinics, Dentist <4 under anesthesia, Dry cleaning pick up, Office, Sprint shop, Adult education, Kennels
- Educational: Schools thru 12th: More than 12 hrs per wk or 4 hrs per day; 6 students or more, Daycare, Adult care > 5 clients < 24 hours-not institutional
- Institutional: Medical, Personal, Child care 24 hrs, Detention
- Factory: Assembling products, Manufacturing, Dry cleaning with chemicals, Woodworking
- Mercantile: Retail stores, Sale of merchandise, Oil and lube service, Restaurants with capacity < 50
- Storage: Repair garage, Non-hazardous storage of materials >10% of space

Do you have any of the following? check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Flammable/Combustible Liquids | <input type="checkbox"/> Cooking Functions | <input type="checkbox"/> NFPA 72 Fire Alarm System |
| <input type="checkbox"/> Woodworking Operations | <input type="checkbox"/> Outside Hazardous Storage | <input type="checkbox"/> NFPA 13 Sprinkler System |
| <input type="checkbox"/> Painting Booths | <input type="checkbox"/> High Piled Combustible Storage (Exceeds 12 feet in Height) | |
| <input type="checkbox"/> Welding and/or Torch Cutting | <input type="checkbox"/> High-Piled Combustible Storage (High Hazard Commodities exceed 6 feet in Height) | |

Describe the process involved with your business. Include as much detail as is pertinent. If more space is needed, please use an additional sheet.

D. Building Owner Information

Building Owner: _____

Building Owner Address: _____

City: _____ State: _____ Zip Code: _____

I, _____, being the _____ of the business entity listed above, declare that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

E. Office Use Only

Office Use Only

Occupancy type(s): A1, A2, A3, A4, A5, B, E, F, F1, F2, H1, H2, H3, H4, H, I1, I2, I3, I4, M, R1, R2, R3, R4, S1, S2, U Change of use identified: _____ change from _____ to _____

Change of occupancy type identified: _____ change from _____ to _____

No records located for given address: _____

Last Certificate of Occupancy for address/occupancy type: _____

Reviewed by: _____ Date: _____

Approved: No change in use or type identified or less hazardous use: _____

Approved by: _____ Date: _____

Link to existing permit number: _____ Occupancy type: _____

Comments: _____

Construction Type: _____

Occupancy Type: _____

Occupant Load: _____

F. AFTER HOURS EMERGENCY CONTACT

Please fill out the questionnaire below and return with your application for a Forsyth County business license. This is necessary information in the event of a crisis situation for our emergency personnel.

If there are any changes, updates or closing of the business, please contact Forsyth County Computer Aided Dispatch by phone at 770-781-3087 or by fax at 770-781-2202.

Date Submitted: Residential Business?

Business Name:

Business Address: City: Zip Code:

Directions to Business:

Landline Business Phone: If Cell Phone Only Business Number:

Business Operating Hours: Business Operating Hours:

Type of Business:

24 Hour Emergency Contact Personnel:

Name: Phone Number:

Name: Phone Number:

Name: Phone Number:

Alarm Company Name:

Alarm Company Phone Number:

Hazardous Materials?

If yes, list chemical name and UN Number: