



## Tenant Occupancy Permit 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. Business Information

Business Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Suite Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Permit Applicant Name: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_  
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?: \_\_\_\_\_

### B. Occupancy Information

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:

- Flammable/Combustible Liquids
- Cooking Functions
- NFPA 72 Fire Alarm System
- Woodworking Operations
- Outside Hazardous Storage
- NFPA 13 Sprinkler System
- Painting Booths
- High Piled Combustible Storage (Exceeds 12 feet in Height)
- Welding and/or Torch Cutting
- 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.

**C. 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: \_\_\_\_\_

**D. 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: \_\_\_\_\_