



PLANNING AND CODE ADMINISTRATION

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MISC FIRE PROTECTION PERMIT APPLICATION

All information must be complete to initiate processing of application

SUBJECT PROPERTY

Street Address or Location _____ Suite No. _____

APPLICANT

Business Name _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

OWNER

Business Name _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

OCCUPANT/TENANT/DOING BUSINESS AS

Business Name _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

CONTRACTOR

Business Name _____ License No. _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

WORK DESCRIPTION

PERMIT TYPE (check one only)

<input type="checkbox"/> Floor Re-Surfacing	No. of Gallons of Flammable Liquid _____	Start Date _____	End Date _____
<input type="checkbox"/> Blasting/Explosives	Type _____	Max. lbs. Stored on Site _____	Start Date _____ End Date _____
	Overnight Storage Location: _____		
<input type="checkbox"/> Fireworks	Max. size shell (inches) _____	Event Date _____	Rain Date _____ Event Time _____
<input type="checkbox"/> Pyrotechnics	Max. size shell (inches) _____	Event Date _____	Rain Date _____ Event Time _____
<input type="checkbox"/> Smoke Control System			

Applicant's Signature _____ **Date** _____