



APPLICATION FOR INTERNATIONAL FIRE CODE PERMIT

RETURN APPLICATION TO: Ketchikan Fire Department
Fire Prevention Division
319 Main Street, Ketchikan, AK 99901
Phone (907) 225-9617
Fax (907) 225-9613

(Please Print or type – *Do not write in shaded area*)

LOCATION OF ACTIVITY:

Business Name _____	AK Bus Lic# _____
Physical Address _____ Suite _____	SIC Code _____
City _____	Phone _____
Zip Code _____	Fax _____
Contact Person _____	

Mailing Address if Different: _____

DESCRIPTION OF ACTIVITY: (Use back of form if more space needed)

Back of Form Used

Applicant Signature

Date

Permits are required by the International Fire Code and the Ketchikan Fire Department for the following:

If temporary (less than 90 days):	Date	Time
Start:	_____	_____
End:	_____	_____

Permit Issued Date: _____
Permit #: _____
Fee \$ _____ [] Paid

Application Received By _____

Date _____

Fire Prevention Reviewer _____

Date _____

Comments: _____

