

OPERATIONAL PERMIT INFORMATION



INSPECTION DATE: _____
INSPECTION TYPE: _____
SITE CONTACT NAME: _____
SITE CONTACT PHONE: _____
SITE CONTACT EMAIL: _____

SITE MAILING ADDRESS: _____
SITE MAILING CITY: _____ SITE MAILING STATE: _____ SITE MAILING ZIP: _____

The following information will be on your Operational Permit: (Review State License, if applicable)

APPLICANT/FACILITY NAME: _____
 CHECK BOX: IF LOCATION ADDRESS IS SAME AS SITE MAILING ADDRESS
LOCATION ADDRESS: _____
LOCATION CITY: _____ LOCATION STATE: _____ LOCATION ZIP: _____

By signing below, I verify that the information submitted in this application is correct. I further understand that any errors may result in denial or revocation of some state licenses or certificate and may result in additional administrative fees.

Form completed and reviewed by:
PRINT NAME: _____ TITLE: _____
SIGNATURE: _____ DATE: _____
PHONE: _____
 CHECK BOX IF SAME AS SITE CONTACT PHONE

For assistance completing this form or other fire inspection questions,
Please call our office at 209-385-7344, Email: FireMarshal@countyofmerced.com

Permits are non transferable and any change in occupancy, operations, tenancy, or ownership shall require that a new permit inspection is required and a new permit on file with the County of Merced. This permit has been issued and inspected on conditions at time of inspection and that all regulations are now adopted to current operational code or that may be adopted and complied with.