



HICKORY FIRE DEPARTMENT
DIVISION OF FIRE AND LIFE SAFETY
 76 North Center Street, Hickory, NC 28601
 Phone: (828) 323-7522



Life. Well Crafted.

SPECIAL OPERATIONAL USE PERMIT APPLICATION

- Application **with a floor plan** is due at least 14 days prior to inspection date.
- Permit Fee due at least 14 days prior to inspection date (Fee dependent on type of Special Operational Use Permit). Call the Hickory Fire Department Division of Fire and Life Safety at (828) 323-7522 for permit fees.
- After-Hours Inspection (inspections conducted outside of normal work hours) Fee due at least 14 days prior to inspection date: Additional \$50.00.
- Late Application Fee (for applications not submitted at least 14 days prior to inspection date): Additional \$50.00.

Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone #: _____ E-mail Address: _____

Date Requested for Inspection: _____ Time Requested for Inspection: _____

Date(s) Requested for Permit: _____ thru _____

Event Address: _____

Event Description: _____

Please indicate the type of Special Operational Use Permit applied for: (*Check only ONE*)
Additional information may be required. Please contact the Hickory Fire Dept. Div. of Fire and Life Safety.

- | | |
|---|--|
| <input type="checkbox"/> Exhibit and/or Trade Show | <input type="checkbox"/> Blasting Permit (2 day permit-48 hours) |
| <input type="checkbox"/> Special Amusement Building | <input type="checkbox"/> Blasting Permit (30 day permit) |
| <input type="checkbox"/> Fumigation or Thermal Insecticidal Fogging | <input type="checkbox"/> Other _____ |

These answers have been given to the best of my ability and knowledge. I hereby understand that any answers deliberately falsified or misrepresented shall be justification for revocation of the Special Operational Use Permit.

Signature **Title** **Date**

DIVISION OF FIRE AND LIFE SAFETY USE ONLY:

Current Ref#/Permit #: _____ Customer #: _____

Previous Ref#/Permit #: _____

Permit Fee(s): _____ Late App. Fee After Hours Fee

Date & Total Paid: _____

Fire House Input: _____