



Lathrop-Manteca Fire District  
1901 Somerston Parkway  
Lathrop, Ca 95330  
Administration Office 209-941-5100 ~ Fax 209-941-5115

**Application for Fire Permit**

Permit No. \_\_\_\_ - \_\_\_\_\_

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Phone No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_ Business Fax No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Business Mailing Address: \_\_\_\_\_  
*(If differs from business)*

Business Owner: \_\_\_\_\_

Phone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Fax No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

<u>Contact(s) Name:</u>	<u>Contact(s) Title:</u>	<u>Contact No.:</u>
_____	Account Payable	____ - ____ - ____ ext. ____
_____	Inspection	____ - ____ - ____ ext. ____
_____	In-Case of Emergency <b>(AFTER HOURS)</b>	____ - ____ - ____ ext. ____

The above listed applicant hereby makes application for: *(Type of business and what is used and stored at location)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Business    Change of Ownership    Home Occupancy    Mobile Vendor    Day Care    Assisted Living  
 Name Change Only!    Other \_\_\_\_\_

**Details regarding the above request must be filed when application is made and whenever requested by the Fire Marshal. It is the applicant's responsibility to ensure that conditions are in accordance with applicable State and Local fire regulations.**

\_\_\_\_\_  
*(Applicant's Signature)*

\_\_\_\_\_  
*(Date)*

FOR DEPARTMENT USE ONLY		
Date Issued: ____/____/____		Permit No.: ____ - _____
Fee(s): \$ _____	<input type="checkbox"/> Paid ____/____/____	Invoice No.: _____
Inspector: _____		