



TOWN OF ERWIN

P.O. Box 459 • Erwin, NC 28339
Ph: 910-897-5140 • Fax: 910-897-5543
www.erwin-nc.org

Fire Marshal's Notification

REGISTRATION OF INCOMING BUSINESS
Harnett County Fire Marshal's Office
Ph: 910-893-7580 • Fax: 910-893-5025

Nam of Applicant _____

Name of New Business _____

Physical Address of Business _____

Telephone Number _____

City _____ Zip _____

Fax Number _____

Billing Address _____

Email Address _____

City _____ Zip _____

Name of Owner _____

Owner's Telephone Number _____

Owner's Address _____

Owner's Fax Number _____

City _____ Zip _____

State the type of business or occupancy applying for? _____

State the last known type of business or occupancy of the subject building? _____

What was the last known business name? _____

Who was the last known owner of the subject building? _____

Has the building been vacant for 30 days or more? _____ Has the building been vacant for 160 days or more? _____

Will the building be renovated? _____ Is there power and water to the building? _____

NOTE: If the Occupancy Classification changes from the prior use to the proposed use, you will be required to submit an application for Fire Marshal Plan Review and submit new plans to Harnett County Central Permitting for review by Harnett County Fire Marshal's Office.

I, the undersigned property owner or duly authorized agent/representative thereof, do hereby certify that the answers, statements, and other information herewith submitted are in all respects true and correct to the best of my knowledge and belief. I understand that I must comply with all applicable code requirements of the Town of Erwin, Harnett County, and the State of North Carolina.

_____ Signature of Applicant	_____ Print Name	_____ Date
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Official Use Only

In consideration of the forgoing information and in consultation with such files and other relevant documents that may be available concerning the subject property/building, dos the proposed use and its associated occupancy classification constitute a change in occupancy?

Yes _____ No _____ If yes, please complete the following: Prior Occupancy Classification _____

Proposed Occupancy Classification _____

COMMENTS: _____
