



CITY OF YORK, PENNSYLVANIA

DEPARTMENT OF FIRE/RESCUE SERVICES

FIRE PREVENTION BUREAU

43 S. DUKE STREET, YORK, PA 17401

www.yorkcity.org

HONORABLE MICHAEL R. HELFRICH, MAYOR

PERMIT APPLICATION

BUSINESS NAME: _____

RESPONSIBLE PARTY: _____

BUSINESS ADDRESS: _____

BILLING ADDRESS: _____

(if different from business address) _____

E-MAIL ADDRESS: _____

PHONE: _____

PERMIT TYPE [NUMBER(S)]: _____

DESCRIPTION OF PROCESS OR USE: _____

TEMPORARY EVENT (i.e. fireworks, temporary tent, etc.) (IF APPLICABLE)

DATE/TIME: _____

LOCATION: _____

SIGNATURE OF RESPONSIBLE PARTY

DATE

MAKE CHECK PAYABLE TO "CITY OF YORK"

All permits are issued in accordance with the requirements of the current edition of the International Fire Code as adopted by the City of York, Pennsylvania and the Uniform Construction Code of the Commonwealth of Pennsylvania.

-----OFFICE USE ONLY-----

FEE: \$ _____ PAID: _____ DATE: _____ RCV'D BY: _____ PERMIT NO.: _____

REVIEW REQUIRED REVIEWED BY: _____ DATE: _____

PLAN REQUIRED REVIEWED BY: _____ DATE: _____

PLAN APPROVED PLAN NOT APPROVED

SITE VISIT REQUIRED VISITED BY: _____ DATE: _____

ACCOMPANIED BY: _____

PERMIT APPROVED PERMIT DENIED _____

AUTHORIZED SIGNATURE

DATE