

Office of the Fire Marshal
Municipality of Norristown
235 East Airy Street
Norristown, PA 19401
(610)270.2894
(610)292.8090 fax



Date _____
Permit # _____
Routing Slip # _____
License # _____

Operational Fire Permit Application

The Permit Fee Must Be Paid At The Time Of Application

Address For The Permit _____

Applicants Name _____ Telephone # _____

Applicants Address _____ City _____ State _____ Zip Code _____

Specify the start and stop date of the Operation/Business _____

Property Owner's Name _____ Telephone # _____

Property Owner's Address _____ City _____ State _____ Zip Code _____

State in detail what the permit request is for:

If required, a scaled drawing showing site/floor plans, occupant loads, means of egress, total space requirements, total gallons, lbs, etc and the materials being stored, and a complete layout of the operation and/or work being performed, must be submitted with this application on a separate sheet, material registration or MSDS form.

I hereby certify that the above event is authorized by the property owner of record and that the operation or business will conform to the requirements set forth by the Municipality of Norristown Fire Code Ordinance, in effect at the time of application, and the laws of the Commonwealth of Pennsylvania.

Applicants Signature _____ Telephone # _____

Code Officials Signature _____ Date _____