FIRE DEPARTMENT PERMIT APPLICATION

COMMERCIAL KITCHEN HOOD AND VENTILATION

GREASE REMOVAL

|  |  |
| --- | --- |
| **FEE:** | **$ 51.25** |
| **NAME OF APPLICANT:** |  | | **CHECK #:** |  |
| **APPLICANT ADDRESS:** |  | | **CASH:** |  |
|  |  | | **PHONE #:** |  |
| **APPLICANT SIGNATURE:** | |  | | |

**The above named applicant does hereby apply for a permit to clean the commercial kitchen hood and ventilation system at the location listed below. The permit application shall be submitted at least three (3) working days prior to the scheduled cleaning date. The applicant shall notify the Fire Prevention Division of any changes in scheduled dates or times.**

**The applicant agrees the work will be completed by competently trained personnel who follow accepted industry standards. Upon completion, an inspection will be conducted during normal business hours.**

|  |  |
| --- | --- |
| **AT THE FOLLOWING LOCATION:** | |
| **NAME:** |  | |
| **ADDRESS:** |  | |

|  |  |  |
| --- | --- | --- |
| **SCHEDULED DATE:** |  | |
| **SCHEDULED START TIME:** | |  | | **A.M.** |  | **PM.** |
| **ESTIMATED COMPLETION TIME:** | |  | | **A.M.** |  | **PM.** |

**INCOMPLETE PERMIT APPLICATIONS WILL DELAY THE PROCESSING OF THIS APPLICATION.**

|  |  |  |  |
| --- | --- | --- | --- |
| **REMARKS:** |  | | |
| **APPROVED BY:** |  | **DATE INSPECTED:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **FAILED:** |  | **REASON:** |  |
|  | | | |

# FIRE PREVENTION (651) 552-4172