



CENTRAL KEYSTONE COUNCIL OF GOVERNMENTS

1610 INDUSTRIAL BLVD, SUITE 400A
LEWISBURG, PA 17837

Application for: **FIRE SAFETY PERMIT PLACARD**

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR YOUR FIRE PERMIT PLACARD

911 Street Address: _____ Municipality: _____

Building Name: _____ Parcel # _____

Building Owner: _____

Owner Address: _____

First Contact for Placard*: _____

(1st person who should be contacted in case of emergency within the building)

1st Contact Phone/e-mail: _____ / _____

Second Contact for Placard*: _____

(if 1st person is not available, who should be contacted next in case of emergency?)

2nd Contact Phone/e-mail: _____ / _____

Person-in-charge (if not Contact Above) _____ Phone: _____

Once the CKCOG staff has received this information and the required Fire Permit fee (invoice enclosed), you will receive a Fire permit Placard for this structure.

Signature of Person completing form

Date

****if any of this information changes before your next scheduled Fire Permit Inspection, please contact us at the numbers below to get a new Placard.***