



Application for
FOSTER HOME INSPECTION

Fire Prevention Office
10506 S. Main St. Archdale N.C. 27263
 Telephone: (336) 431-2512
 Fax: (336) 431-9622

For Official Use Only	
Permit Number:	Application Date:
Approval Date:	Initials:
Denial Date:	Initials:
Reason for the Denial:	
Fees Paid: \$ 25.00	Check No.
Date:	Initials:
Payment of fees can be made to: GUIL-RAND FIRE DEPARTMENT 10506 S. MAIN ST. ARCHDALE N.C. 27263	
Telephone: 336-431-2512	

Application for Foster Home Inspection

Name of Person Applying:			
Name of Foster Home:			
Address:			
Contact Person(s):			
E-mail:	State Contact:	Telephone ()	
If any special uses or considerations explain here:			

INFORMATION REQUIRED: (Continue on additional pages if needed)

1. **ELECTRONIC** sketch or map showing the layout of the building and the location of equipment or operations
2. Names of two persons and their phone numbers for contact during emergencies

This application shall be considered valid as long as the above criteria, codes and local ordinances are met.

Conditions, surroundings and arrangements to be in accordance with the NC State Building Code - Fire Prevention Code. Complete plans and construction details must be filed on all major projects when requested by the Fire Prevention Office.

APPLICATION IS HEREBY MADE BY THE UNDERSIGNED FOR A FOSTER HOME INSPECTION

Applicant Signature

Date: ___/___/20___

APPLICANT NAME (PRINT AND SIGNATURE)

Nicholas Hill

Approved

Date

Approved with comments:

Denied
