



SAGINAW CHARTER TOWNSHIP FIRE DEPARTMENT OPERATIONAL PERMIT APPLICATION

Mail to: Saginaw Township Fire Department
Fire Prevention Bureau
4930 Shattuck Road
Saginaw, Michigan 48603

Business:		Telephone:		Application Date:	
Address:		Fax:		Hours of Operation:	
Principle Business Activity:					
Primary Manager:			Telephone:		Mobile:
Drivers License No.:				Date of Birth:	
2 nd Emergency Contact:			Telephone:		Mobile:
Corporate Name:					
Corporate Address:			City:		State: Zip:
			Telephone:		Fax:
Business Insured By:					
Address:				Telephone:	

TYPE OF OPERATIONAL PERMIT

Temporary Operational Dates _____ to _____

- AEROSOL PRODUCTS
- AMUSEMENT BUILDING
- CARNIVAL OR FAIR
- COMBUSTIBLE DUST-PRODUCING OPERATION
- COMBUSTIBLE FIBERS
- COMPRESSED GASES
- COVERED MALL BUILDING
- CRYOGENIC FLUIDS
- CUTTING AND WELDING
- EXHIBIT OR TRADE SHOW
- EXPLOSIVES
- FLAMMABLE & COMBUSTIBLE LIQUIDS

- FUMIGATION AND THERMAL FOGGING
- HAZARDOUS MATERIALS
- HIGH-PILED STORAGE
- HOT WORK OPERATIONS
- INDUSTRIAL OVENS
- LUMBERYARD
- LIQUID/GAS FUELED VEHICLES OR EQUIPMENT IN ASSEMBLY BUILDING
- LP GAS
- MAGNESIUM
- MISCELLANEOUS COMBUSTIBLE STORAGE

- OPEN FLAMES OR CANDLES
- ORGANIC COATINGS
- PLACES OF ASSEMBLY
- PYROTECHNIC SPECIAL EFFECTS
- REFRIGERATION EQUIPMENT
- REPAIR AND MOTOR FUEL DISPENSING
- SPRAYING OR DIPPING
- SCRAP TIRES OR TIRE BYPRODUCTS
- TENT, CANOPY, MEMBRANE STRUCTURE
- WOOD PRODUCTS
- WOODWORKING

BUILDING DATA

Building Owner:		Telephone:		Fax:	
Address:		City:		State:	Zip:
Emergency Contact:			Telephone:		Mobile:
Building Insured By:					
Address:				Telephone:	

Applicant's Name (Print)

Applicant's Signature

Fire Official

Approved Disapproved

Date: _____