

CC:

Fire Dept Clerk

Inflatable Permit Application \$15 Per unit

APPLICANT INFORMATION (PLEASE PRINT)	
REQUESTOR NAME	
REQUESTOR ADDRESS	
REQUESTOR CONTACT/PHONE	
INFLATABLE LOCATION/ADDRESS	
INFLATABLE INSTALLER INFOR	RMATION
NAME OF COMPANY	
INSTALLER ADDRESS	
INSTALLER PHONE	
DATE INFLATABLE WILL BE INSTALLED	
DATE INFLATABLE WILL BE REMOVED	
INFLATABLE INFORMATION: PLEASE DESCRIBE THE NUMBER, SIZE AND LOCATION OF THE INFI PURPOSE FOR WHICH THEY WILL BE USED	LATABLE(S) AND THE
APPROVED BY FIRE DEPT	DATE
LICENSE ISSUED BY CLERK	DATE