TOWNSHIP OF CRANBERRY
MISCELLANEOUS FIRE PREVENTION

1. COMPANY/CONTRACTOR _____ PHONE NUMBER _____

   ADDRESS _____

2. OWNER _____ PHONE NUMBER _____

   ADDRESS _____

3. BUSINESS NAME _____ PHONE NUMBER _____

4. ADDRESS OF WORK LOCATION _____

5. DESCRIPTION OF WORK _____

   _____

6. ESTIMATED COST OF CONSTRUCTION $_____ X .0015 = REVIEW FEE $_____
   (Round up to nearest $ or $50.00 minimum)

7. **I hereby acknowledge the information contained herein is true and correct, and I hereby agree that all applicable provisions of the Cranberry Township Codes shall be complied with.**

_____ _____
APPLICANT SIGNATURE DATE

_____ _____
PRINT NAME APPLICANT PHONE NUMBER

----------**FOR TOWNSHIP USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE**----------

AP # _____ MAP & PARCEL NO. _____

FEE $_____

PA STATE ADMINISTRATION FEE: $4.00

TOTAL FEE $_____

Special conditions of issuance: _____

_____

_____ _____
Code Administrator **Date**

Revised 4/07
Fire Bldg/FPMISC

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