



**TOWNSHIP OF CRANBERRY  
FIRE PREVENTION PREMISES INSPECTION**

1. BUSINESS NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ Cranberry Township, PA 16066  
PHONE NUMBER \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_

2. Indicate date and time of inspection \_\_\_\_\_  
*(Required Information)*

3. 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'S SIGNATURE	DATE
_____	_____
PRINT NAME	E-MAIL ADDRESS (OPTIONAL)

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

Work type - FPIP  
AP # \_\_\_\_\_  
FEE PAID \$ \_\_\_\_\_

Revised 5/2/2007  
License-FPrevPrem