



# Mt. Holly Fire Department

P.O. Box 406, 433 Killian Ave, Mount Holly, N.C. 28120  
Office: 704-822-2927 - Fax: 704-822-1234

### Facility Information

This is the actual location for which the permit(s) are issued. For businesses with multiple locations throughout the City of Mount Holly, it is helpful to include the store number in the business name.

Business Name:	Land Use:	Occ. Use:
Address:	Unit:	Zip Code:
Phone Number: (     )     )	E-mail:	

### Mailing Information

If permit fee payment requests are submitted to a central or corporate office that is different from the facility address, the mailing fields must be completed.

Name:		
Address:	Suite/Bldg:	
City:	State:	Zip Code:
Phone Number: (     )     )	E-mail:	

### Emergency Contacts

Provide the names and phone numbers of a minimum of two local emergency contacts.

1.	Ph: (     )     )	Cell: (     )     )
2.	Ph: (     )     )	Cell: (     )     )

### Responsible Applicant

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that the information provided and contained herein is true and accurate to the best of my knowledge. The issuance of a permit shall not be deemed as approval to violate any provisions of the North Carolina State Fire or Building Codes. The code official has the right to inspect the premises to ensure compliance with provisions of the fire code. **NOTE: Any change in amounts or types of hazardous materials for which this permit is issued shall require prior notification and approval by the Fire Marshal's Office.**

**Return the completed and signed application, Hazardous Materials Inventory Statement, site plan to:**

Fire Marshal Bob Nightingale - bob.nightingale@mtholly.us

or

Mount Holly Fire Department  
433 Killian Avenue Mount Holly, NC 28120  
PO Box 406 Mount Holly, NC 28120

**Make check payable to "City of Mount Holly"**

### MHFD Office Use Only

Permit Code: _____	Fee: \$ _____	Check No: _____	Permit No. _____
Permit Code: _____	Fee: \$ _____	Valid From: ____/____/____	Valid Through: ____/____/____
Permit Code: _____	Fee: \$ _____	Issued by Inspector: _____	Emp. #: _____
Permit Code: _____	Fee: \$ _____	Information Collected By: _____	
Permit Code: _____	Fee: \$ _____	Entry Date: ____/____/____	Entered By: _____
<b>Total: \$ _____ Exempt: _____</b>			