



GRAND TRAVERSE METRO FIRE DEPT FIRE PREVENTION BUREAU

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APPLICATION FOR SITE PLAN REVIEW

DATE: _____

PERMIT # _____
(FOR OFFICE USE ONLY)

APPLICANT NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT PHONE NUMBERS: (BUSINESS) _____

(CELL) _____ (FAX): _____

APPLICANT SIGNATURE: _____

SITE INFORMATION

SPECIFIC USE OF BUILDING: _____

USE GROUP PROPOSED: _____

TYPE OF CONSTRUCTION: _____

SITE PROVIDED WITH MUNICIPAL WATER: YES NO

BUSINESS OR PROJECT NAME: _____

SITE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TOWNSHIP: _____ PHONE #: (IF KNOWN): _____