

BLADEN COUNTY BUILDING INSPECTIONS DEPARTMENT
P O BOX 1076, 450 SMITH CIRCLE
ELIZABETHTOWN NC 28337
(910)862-6780

**FIRE PERMIT APPLICATION
FOSTER HOME**

APPLICATION DATE: _____
APPLICANT: _____ PHONE # _____
OWNER'S NAME: _____ PHONE # _____
OWNER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
911 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOUSE: _____ MOBILE HOME: _____ APARTMENT: _____

FEES:
FIRE FOSTER HOME FEE: \$50.00

I HEREBY CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS CORRECT. RE-INSPECTIONS FEES ARE CHARGED AT \$50.00 PER TRIP AFTER 2ND INSPECTION.

PRINTED NAME OF OWNER SIGNATURE OF OWNER DATE

State of North Carolina
County of _____

I, _____, Notary Public, do hereby certify that
_____ (name OWNER whose acknowledgment is being taken)
personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this _____ day of _____, 20__.

Signature of Notary

Notary's Name printed

My commission expires: _____