

**PLACES OF ASSEMBLY OCCUPANCY PERMIT APPLICATION**  
**FOR NON CHURCH OR SCHOOL BUILDINGS**

LINCOLN COUNTY FIRE MARSHAL'S OFFICE  
MAILING ADDRESS: 115 WEST MAIN STREET, LINCOLNTON, N.C. 28092  
OFFICE ADDRESS: 302 NORTH ACADEMY STREET, LINCOLNTON, N.C. 28092  
PHONE 704-736-8516  
FAX 704-736-8697

APPLICATION TO MAINTAIN, STORE OR HANDLE MATERIALS, OR CONDUCT PROCESSES WHICH PRODUCE  
CONDITIONS HAZARDOUS TO LIFE OR PROPERTY, OR TO INSTALL EQUIPMENT USED IN CONJUNCTION WITH  
SUCH ACTIVITIES AS REQUIRED BY THE NC STATE BUILDING CODE - FIRE PREVENTION CODE

APPLICATION IS HEREBY MADE BY THE UNDERSIGNED FOR A PERMIT TO

**PLACES OF ASSEMBLY OCCUPANCY**

\_\_\_\_\_ USE  
\_\_\_\_\_ INSTALL  
\_\_\_\_\_ OPERATE  
\_\_\_\_\_ CONDUCT

IN OR ON THE PREMISES KNOWN AS \_\_\_\_\_,  
THE FOLLOWING MATERIALS, PROCESSES OR OPERATIONS (describe briefly what is to be done and state what  
hazardous materials are to be used);

**INFORMATION REQUIRED: (Continue on additional pages if needed)**

1. State what NFPA Codes are to be met
2. State what NC State Building Code – Fire Prevention Codes are to be met
3. Sketch or map showing the location and widths of egress and exits
4. No smoking and NFPA 704M signage to be placed in accordance to fire official
5. List any liquid or gas fueled vehicles to be used, displayed or parked in the assembly
6. A log showing description, event, performance dates and times
7. Name and signature of responsible representative of the owner, operator, or manager of the event
8. Any and all events which require non-fixed seating must have a sketch showing seating schematic, aisle spacing and number of seats per row, number of rows, and type, size, quantity and location of Fire Protection Equipment

**This application shall be considered valid as long as the above criteria, codes and local ordinances are met.**

Conditions, surroundings and arrangements to be in accordance with the NC State Building Code - Fire Prevention Code.  
Complete plans and construction details must be filed on all major projects when requested by the Fire Marshal's Office.

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
BUSINESS ADDRESS, CITY, STATE, ZIP CODE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

PHONE NO. \_\_\_\_\_

DATE \_\_\_\_\_

In so far as the NC State Building Code –  
Fire Prevention Code is concerned, this application is

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

\_\_\_\_\_  
FIRE MARSHAL

DATE \_\_\_\_\_