



LICENSE APPLICATION HIGH RISE FIRE CODE

Follow Instructions listed on Instruction Sheet
For further information call (215) 686-8686

WHEN COMPLETED, MAIL TO:

DEPARTMENT OF LICENSES AND INSPECTIONS
CUSTOMER CARE UNIT, PUBLIC SERVICE CONCOURSE
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102-1687

USE A SINGLE CHECK OR MONEY ORDER FOR ALL FEES,
PAYABLE TO "CITY OF PHILADELPHIA"

DO NOT SEND PAYMENT AT THIS TIME FOR LICENSES REQUIRING INSPECTION.
PAYMENT SHOULD BE FORWARDED AFTER NOTICE OF APPROVAL IS RECEIVED.

1. NAME OF OWNER/MANAGER/OR OPERATOR		2. FICTITIOUS NAME (IF APPLICABLE)		REQUESTED IN STATE OF
3. PERSON RESPONSIBLE IF NON-RESIDENT				
4. LOCATION OF LICENSED ACTIVITY (INCLUDE ZIP CODE)		5. ADDRESS OF PERSON RESPONSIBLE CITY STATE ZIP CODE		
6. DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
7. BILLING ADDRESS (CANNOT BE A P.O BOX. INCLUDE CITY, STATE, AND ZIP CODE)		CITY	STATE	ZIP CODE
8. PHILADELPHIA BUSINESS INCOME AND RECEIPTS NUMBER		9. PHILADELPHIA COMMERCIAL ACTIVITY LICENSE NUMBER		
10. DESCRIPTION OF ACTIVITY/BUSINESS				

11. LICENSE TYPE	PER UNIT FEE	REV. CODE	EXPIRATION DATE	LICENSE NUMBER
<input type="checkbox"/> HIGH RISE BUILDING FIRE CODE	\$ _____	3629	APRIL 30	

LICENSE FEE CALCULATION FOR HIGH RISE BUILDINGS **NUMBER OF FLORS IN BUILDING** _____

..... **TOTAL GROSS SQUARE FOOTAGE** _____

..... **AREA OCCUPIED AS DWELLING UNITS** _____ (**HOUSING CODE LICENSE NUMBER** _____)

..... **NET LICENSED AREA** _____ x \$ 0.01 = \$ _____ . _____ **FEE**

12. OWNER, CORPORATION, OR PARTNERSHIP (LIST THREE PRINCIPALS OR PARTNERS)

Name of Principal or Partner	Title	Home Address (Include City, State, and ZIP Code)

13. APPLICANT CERTIFICATION

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to the possible revocation of any licenses issued as a result of my false applicaiton, and such other penalties as may be prescribed by law.

SIGNATURE _____ DATE _____

OFFICE USE ONLY	PREREQUISITES (LIST THOSE CHECKED DURING PROCESSING)		STREET CODE _____		
	REMARKS:				
	<input type="checkbox"/> APPROVED		REVIEWED BY _____	NUMBER _____	
	<input type="checkbox"/> REFUSED		DATE _____	AUDIT _____	