



**CITY OF SANFORD**  
**Non-Profit Fire Inspection Application**  
 P. O. Box 1788  
 Sanford, FL 32772-1788  
 Tel: 407.688.5150

Business Name: \_\_\_\_\_

Physical Location of Business: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

1<sup>st</sup> Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_

Type of Non Profit  Church  Charitable/Fraternal  Services

Provide a description of the Goods or Materials or Services being offered:

\_\_\_\_\_

Please complete applicable information:

Square footage: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_

**CERTIFICATION:** I certify that the foregoing information is true and correct, and understand that providing false or misleading information on this application may result in the denial, or the revocation of any certificate issued by the City of Sanford which was based upon information provided in this application. Violation(s) of the Code of Ordinances of the City of Sanford may result in suspension and operate as grounds for denial of any future certificate issued by the City until the violation(s) is resolved to the satisfaction of the City. I understand that if there are any subsequent changes in the operation of my business as stated in this application, I agree to file the necessary application and seek prior approval from the City of Sanford for such changes.

\_\_\_\_\_  
 Signature of Owner/Officer                      Date                      Print Name of Owner/Officer

**DO NOT WRITE BELOW THIS LINE**

Control # \_\_\_\_\_ Submittal Date: \_\_\_\_\_

Planning & Development Services Approval: Zoning Classification: \_\_\_\_\_ Use: \_\_\_\_\_

Approved  Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments \_\_\_\_\_

Fire Prevention Approval:

Approved  Denied Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_