



# LANCASTER FIRE DEPARTMENT OPERATIONAL PERMIT APPLICATION FOSTER HOME



**ANNUAL FEE: \$50**

**PLEASE REVIEW THE INSPECTION REQUIREMENTS PRIOR TO SCHEDULING AN INSPECTION.**

**Should any inspection fail for noncompliance with City Codes a second inspection is required, and an additional fee of \$50.00 will be charged. This fee will increase by \$25.00 for each subsequent re-inspection.**

Date: \_\_\_\_\_

### **Applicants Information:**

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

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

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

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

Are you Renting or Leasing the Property (check one):  YES  NO Total Square Footage of the Home: \_\_\_\_\_

Number of foster children you will be caring for: \_\_\_\_\_

Total number of children that will be occupying the house: \_\_\_\_\_

Total number of people (adults and children) that will occupy the house: \_\_\_\_\_

Name of Sponsoring Agency: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### **Property Owner's Information:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner/Owner's Agent hereby grants Lancaster's Fire Code Official the authority to enter area(s) covered by Permit granted per this Application to enforce provisions related to this Permit.**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A FLOORPLAN WITH THE SQUARE FOOTAGE OF EACH ROOM MUST BE PROVIDED WHEN SUBMITTING A PERMIT APPLICATION.**

### **OFFICE USE ONLY**

Occupancy ID: \_\_\_\_\_ Invoice No.: \_\_\_\_\_ Account ID.: \_\_\_\_\_

Payment Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Processed By: \_\_\_\_\_

Square Footage of Living Space: \_\_\_\_\_ Planning and Zoning Approval:  Approved  Denied

Planning and Zoning Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_