

# Town of Williamston

Fire/Rescue/EMS Department  
Fire Prevention Division  
901 Washington St.  
Williamston, N.C. 27892

Date \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

Business Contact \_\_\_\_\_

Contact Phone Number 1 \_\_\_\_\_

Contact Phone Number 2 \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact City, State, Zip \_\_\_\_\_

Property Owner \_\_\_\_\_

Property Owner Phone Number \_\_\_\_\_

Property Owner Address \_\_\_\_\_

Property Owner City, State, ZIP \_\_\_\_\_

*Description type of business or work to be performed:*

New Construction

Open New Business

Tent

Addition To a Building

Change Of Occupancy

Signature of Applicant \_\_\_\_\_

Town Representative \_\_\_\_\_

**PERMIT FEE:** \$ \_\_\_\_\_ Amount Paid \_\_\_\_\_  
(per fee schedule)

*A Fire Inspection by the Williamston Fire/Rescue /EMS Department is required before your business can open.*

*Contact the Williamston Fire/Rescue Fire Prevention*