

## Application for Life Hazard Use Registration

Location Block: Lot: Qualifier: Street Add	dress:
Owner Information Name:	Applicant Information  Applicant is Owner If Applicant is a Private Corporation fill in Company information here and Stockholder information on page 2.  Name:
Address:	Address:
Address:	Address:
City:	City:
Zip Code:	Zip Code:
Telephone	Telephone
Agent Information	Notification Service Information ☐ Service Information is Agent Information
Business:	Name:
Address:	Address:
Address:	Address:
City:	City:
Zip Code:	Zip Code:
Telephone:	Telephone:
Building Information	
Building Height: Number of Floors:	Total Floor Area:
Life Hazard Description  Location of Use:	
Type:  Public Assembly Storage  Life Hazard Designation:  (Ex. Aa,Bc,De)  Description of Life Hazard Use:	☐ Processing

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