



# LICENSE APPLICATION HIGH RISE FIRE CODE

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

**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"

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 CALCUATION 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 \_\_\_\_\_

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