



LANSING FIRE DEPARTMENT FIRE MARSHAL'S OFFICE

120 E. Shiawassee Street
Lansing, MI 48933
Phone: 517-483-4200
Fax: 517-483-4488



Andy Schor, Mayor

Mike Mackey, Fire Chief
Marshaun Blake, Fire Marshal

Fire Department Required Operational Permits

Submittal Location & Hours:

120 E. Shiawassee Street
Lansing, MI 48933
Monday - Thursday 8am-5pm

- ✚ The permit will expire exactly one year after the date it is issued.
- ✚ A fire/life safety site inspection may be conducted by the Lansing Fire Department.
- ✚ Permit, once issued, must be readily accessible for inspection.
- ✚ Please make Checks payable to: The Lansing Fire Department. All fees are nonrefundable.

Applications will only be considered once all application requirements are met.

*If an inspection is necessary, inspection fee will apply at a rate of \$75.00/hr. and may not exceed \$300.

IFC 2009 Permits	Fee	Permit	Fee
<input type="checkbox"/> 105.6.6 Combustible Dust-Producing Operations	\$75	<input type="checkbox"/> 105.6.32 Open Flame Use and Candles (for commercial use, public events, or performances)	\$75
<input type="checkbox"/> 105.6.7 Combustible Fibers	\$75	<input type="checkbox"/> 105.6.23 Hot Works Operations	\$75
<input type="checkbox"/> 105.6.14 Explosives	\$100	<input type="checkbox"/> 105.6.29 Miscellaneous Combustible Storage	\$150

Detail of Activity/Operation/Construction Requiring Permit:

Is this application a Renewal of an Existing Operational Permit?

Yes, complete the following sections & the renewal section only

No, complete the entire application

Site Address/Property Location: _____

Size of Site (acre/square feet): _____

Applicant: _____ Phone #: _____

*Signature: _____ Printed Name: _____

Mailing Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____ Email: _____

Property Owner: _____ Phone #: _____

**Signature: _____ Printed Name: _____

Mailing Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____ Email: _____

***Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.**

****Property Owner(s): By your signature above, you hereby certify that you have authorized the above Applicant to make application on your behalf for this application.**

Renewal Section:

Permit # of Previous Operational Permit: _____

Describe all changes in the operations or hazards covered under this permit since this Operational Permit was last issued.

No changes since permit was last issued.

Submittal Requirements for Permits:

- Detailed site/facility/operational plan
- Schedule of activities
- Information on type and quantity of product/material/devices to be used
- Copy of applicant's license/certifications
- Proof of liability insurance
- Copy of flame retardant certificates (if applicable)
- Copy of company's emergency plan

For Fire Marshal's Office Use Only

Permit Fee: _____

Payment Date: _____

1. Will a fugitive dust plan from DEQ need to be conducted? Yes No
2. Will a water evaluation by DEQ need to be conducted? Yes No
3. Emergency Plan: Approved Not Approved

Needs Modifications: _____

4. Emergency Plan Resubmittal: Date: _____ Yes No

5. Possible Hazards: _____

6. Additional Requirements: _____

See reverse side for additional requirements/comments

FINAL APPROVAL: YES NO Permit #: _____

Inspector's Signature: _____ Date: _____

Printed Name: _____