

# Hinesville Fire Department Assembly Operation Permit

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**Assembly Information** *Required for all applications.*

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Assembly Name:

Assembly Address:

Suite:

City:

State:

Zip:

E-Mail:

Phone:

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**Applicant Information** *Required for all applications.*

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Last Name:

First Name:

M.I.

Mailing Address:

Apt./Lot:

City:

State:

Zip:

E-Mail:

Phone:

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**Filing Representative** *Complete, if different from above.*

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Last Name:

First Name:

M.I.

Mailing Address:

City:

State:

Zip:

E-Mail:

Phone:

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Signature of Applicant / Owner:

Date of Application:

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**FOR OFFICIAL USE ONLY**

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*Occupancy of above address is subject to required inspections*

**Inspections Required**

Fire Dept \_\_\_\_\_

Date \_\_\_\_\_

Bldg. Insp. \_\_\_\_\_

Date \_\_\_\_\_

Zoning \_\_\_\_\_

Date \_\_\_\_\_

Zoned \_\_\_\_\_

**No Application Fee Required**

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