

**City of Rockingham
Inspections Department
514 Rockingham Road
Rockingham, NC 28379
910-997-5546**

**Rockingham Fire Department
231 S. Lawrence Street
Rockingham, NC 28379
910-997-4002**

**City of Rockingham
FIRE PERMIT APPLICATION**

Operational Permit: _____ **Construction Permit:** _____

Owner: _____ **Phone:** _____

Address: _____

Tax Map ID#: _____

**Type of
Operation:** _____

Description of Improvement/Work: _____

Cost of Improvement: _____

Contractor: _____ **License #:** _____

Contractors Phone #: _____

Signature of Contractor/Owner **Print Name** **Date**

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Approving Fire Inspector: _____ **Date:** _____

Time Limit of Permit: _____

Fee: _____ **Permit Number:** _____