

KALULUSHI MUNICIPAL COUNCIL

All Correspondence to be addressed
to the Town Clerk



P O Box 260400
KALULUSHI
Zambia

Tel/fax: 733593/749101

Our ref:

Your ref:

FIRE BRIGADE APPLICATION FOR FIRE CERTIFICATE

1. Full name of applicant:
- Postal Address:
2. Premises in which fire certificate is requires
Stand No..... Name of Street:
- District:
3. Name of leaseholder:
4. Premises:
-
5. (a) If premises consist of a simple building state the number of floors in the building
(b) If the premises consists of a number or building state.
(i)
- (ii)
6. Maximum number of persons likely to be in the premises anytime
(a) Staff:
- (b) Other persons:
7. Approximate date of completion of construction of premises
.....
8. Explosives and flammable materials kept on the premises
(c) Explosives
(i) Types:
- (ii) Quantity:
9. Cell number.....
10. Fire inspector report (in detail).....
Premises inspected by.....
Name of authority.....
10. Fire inspection report (in detail).....
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- Premises inspected by.....
- Names of authority.....
- Date..... Chief Fire Officer.....