HILO: 25 Aupuni St. Suite 2501, Hilo, HI 96720 (808) 932-2911 KONA: 74-5044 Ane Keohokalole Hwy, Bldg E. Kailua-Kona, HI 96740 (808) 323-4760

Date:	
Payment Amount:\$200.00	_
Received By:	
Permit Number:	
For Fire Department Use Only	

## ASSEMBLY PERMIT APPLICATION

Completed application shall be submitted with payment to the Hilo or Kona fire prevention office. Payment may be cash or check. Checks shall be made out to 'County Director of Finance'.

(To be completed by applicant) Inspection Type: Initial	] Annual		Date: Time:		
Business Name:			TMK:		
Address:					
			Zip Code:		
Applicant:	Phone:				
Fax:			Email Address:		
Mailing Address for Permit:					
(To be completed by HFD)  INSPECTION  Place of Assembly Permit Posted:	□Yes	□No	Maximum Capacity:		
Occupant Load Sign of Each Assembly Ar	_	_			
Emergency Evacuation Plan Posted	Yes [				
Staff Proficient in Evacuation Training			,	□N/A	
H.F.D. Access Satisfactory				□N/A	
F.D.C. Visible, Capped, & Accessible					
Extinguishers Satisfactory	□Yes [				
Date Portable Fire Extinguishers Inspected			Inspected By:		
Fire Alarm Panel Satisfactory	Yes	_	_		
Inspected By:			spection Report Maintained on Site Yes No		
Sprinkler System Satisfactory			N/A Date Inspected:		
Inspected By:		 	Inspection Report Maintained on Site: Yes No		
Hood System UL300 Compliant	Yes				
Date Hood Suppression System Serviced (	within 6 mor	_ nths): _			
Date Hood and Duct System Cleaned and	Tagged:		Cleaned By:		
Hood System Grease Inspection Required	Monti	hly [	Quarterly Semi-Annually Next Due:		
Comments:					
APPLICANT SIGNATURE:			DATE:		
INSDECTOD SIGNATUDE.			DATE:		