



INTERNAL FIRE CODE APPEAL PROCESS FORM*

(TO BE FILLED IN BY APPLICANT)

APPLICANT: _____

DATE: _____

APPLICANT'S ADDRESS: _____

PERMIT NUMBER: _____

CITY: _____ STATE: _____

JOB ADDRESS: _____

ZIP CODE: _____ PHONE #: _____

EMAIL: _____

DATE OF INSPECTION: _____

NAME OF INSPECTOR: _____

DESCRIBE DISAGREEMENT WITH DECISION MADE BY THE FIRE CODE OFFICIAL:

(TO BE FILLED IN BY FIRE DEPARTMENT SENIOR STAFF)

DECISION BY THE FIRE MARSHAL:

Fire Marshal Name

Email

Phone Number

Date of Review

Date Sent to Applicant

* Michael Sumner Fire Marshal/252-399-2881/msumner@wilsonnc.org