

FIRE DEPARTMENT - FIRE PREVENTION BUREAU
410 E. LEXINGTON STREET, BALTIMORE, MD. 21202

60 - DAY NOTICE

01/26/26

[illegible]

NOTICE TO THE PERMIT HOLDER

Please indicate below the present status of your establishment. To pay, issue a CHECK or MONEY ORDER made payable to DIRECTOR OF FINANCE for the renewal fee listed on the front of this notice. Return your payment with the stub at the bottom of this notice to:

P.O. BOX 17119
Baltimore, MD 21297

For questions concerning this notice, please call the Baltimore City Fire Department, Office of the Fire Marshal at 410-396-5752.

ATTENTION: To begin the inspection process, please call the 311 Call Center (or 443-263-2220).

Please have this notice, the check information and the date the payment was sent with you when you call.

PLEASE BE AWARE OF THE FOLLOWING FOR COMPLIANCE PRIOR TO INSPECTION AND PERMIT APPROVAL (ONLY SYSTEMS THAT APPLY TO YOUR PREMISES):

- FIRE EXTINGUISHERS ARE TO BE SERVICED AS PER NFPA-10, (ANNUALLY)
- ALARM SYSTEMS ARE TO BE TESTED/INSPECTED AS PER NFPA-72, (ANNUALLY)
- SPRINKLER SYSTEMS ARE TO BE TESTED/INSPECTED AS PER NFPA-25, (ANNUALLY)
- COMMERCIAL HOOD SUPPRESSION SYSTEMS ARE TO BE TESTED/INSPECTED AS PER NFPA-17A, SEMIANNUALLY (EVERY 6 MONTHS)
- FIRE PUMP IS TO BE TESTED/INSPECTED AS PER NFPA-25, (ANNUALLY)
- EMERGENCY LIGHTING MUST FUNCTION PROPERLY AT ALL TIMES
- ALL EXIT SIGNS MUST BE ILLUMINATED AT ALL TIMES
- ALL EXITS MUST CLEAR OF ANY DEBRIS AND UNLOCKED WHEN THE BUILDING IS OCCUPIED
- NO STORAGE OF ANY KIND AROUND UTILITIES. (ELECTRICAL PANEL, FURNACE, WATER HEATER, ETC.)
- SPANISH MOSS AND/OR CUT TREES ARE PROHIBITED

FRDP7B 05/17

Please Check Where Applicable:

- ☐ **Nothing has changed**
Conditions for which the original permit was issued, such as quantities, materials, locations, etc., NO CHANGE
- ☐ **Conditions have changed**
Conditions have since changed by an increase/decrease in quantities, materials, additions, etc. (attach sheet to explain)
- ☐ **No longer conducting business at this location**
No longer conducting this business, closed, moved, etc. (attach sheet to explain)

Please make appropriate corrections below:

Business Name	
Unit/Suite/Floor	
Address	
City, State, Zip	
Phone	