

TOWN OF DOVER
BUREAU OF FIRE PREVENTION
37 N SUSSEX ST / P O BOX 389
DOVER, NJ 07802-0389
MAIN: 973-366-3260 / FAX: 973-366-9033

6/08

PERMIT APPLICATION - Any permanent cooking operation that requires a fire suppression system in accordance with N.J.A.C. 5:70-4.7(g) and is not a life hazard use.

DATE: _____ TYPE: 1 FEE: \$75.00
PAYMENT BY CHECK OR MONEY ORDER ONLY

BUSINESS NAME: _____

ADDRESS: _____ PHONE: _____

OWNER/APPLICANT NAME: _____

ADDRESS: _____ PHONE: _____

SUPPRESSION SYSTEM TYPE:

WET CHEMICAL _____ DRY CHEMICAL _____ CO#2 _____ WATER _____

SUPPRESSION SYSTEM MAINTAINED BY:

NAME: _____

ADDRESS: _____

PHONE: _____ CONTACT PERSON: _____

HOOD AND FILTERS MAINTAINED BY:

NAME: _____

ADDRESS: _____

PHONE: _____ CONTACT PERSON: _____

CLEANING FREQUENCY:

HOOD: _____ FILTERS: _____

I hereby acknowledge that I have read this application and that the information given is correct, and that I am the owner, or duly authorized to act in the owners behalf, and as such agree to comply with all applicable requirements of the N.J. Uniform Fire Code.

SIGNED: _____ TITLE: _____