

TOWN OF DOVER
BUREAU OF FIRE PREVENTION
37 N SUSSEX ST
DOVER, NJ 07801
MAIN: 973-366-3260 / FAX: 973-366-9033

6/08

<u>PERMIT APPLICATION - Welding or cutting operations.</u>

DATE: _____ TYPE: 1 FEE: \$75.00

PAYMENT BY CHECK OR MONEY ORDER ONLY

APPLICANT NAME: _____

ADDRESS: _____ PHONE: _____

WORK SITE LOCATION: _____

DATE AND TIMES OF WORK: _____

TYPE TO BE USED: OXY-FUEL _____ ELECTRIC ARC _____ OTHER: _____

FUEL GAS TYPE TO BE USED: (INCLUDE NUMBER AND SIZE OF CYLINDERS) _____

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: _____