Township of Princeton
Bureau of Fire Prevention
400 Witherspoon Street
Princeton, N.J. 08540-3496
609-921-8020 Office 609-688-2026 Fax

AFFIDAIT ATTESTING TO THE APPLICATION OF INTERIOR FINISH PROTECTION

Business Name		Registration Number	
Address			
Town		State / Zip	
Tele #		Fax #	
Owner Name			
Owners Address			
Town		State / Zip	
Tele #		Fax #	

I hereby attest that I have applied to the areas defined in the Notice of Violation, following the manufacturer directions, with appropriate coverage of a fire retardant agent herein specified.

Give brief description of area protection was applied:

The following fire retardant material was used:

	Brand Name and type of retardant
	Number & size of containers used
	Number of coats/rate of application

I further submit and attach a copy of the purchase receipt(s) for the above named product used and a label from the container. ☐ LABEL ATTACHED ☐ Copy of Receipt attached

I certify that all statement made by me in this affidavit are true. I am aware that if any of the foregoing statement made by me are willfully false, I am subject to penalties and punishment as derived from the state law and the UFC-NJ.

Owner / Agent Signature Title Date