



**Township of Princeton  
Bureau of Fire Prevention**

400 Witherspoon Street  
Princeton, N. J. 08540-3496  
609-921-8020 Office  
609-688-2026 Fax

**APPLICATION FOR PERMIT**

TYPE  1 \$42.00

TIME PERIOD  LIMITED/SPECIFIC  
 ANNUAL

**Use & Storage of Explosives Permit Application**

Please provide the following requested information in order that a proper determination can be made on your fire safety permit application.

Date of Application	Location where activity will occur:	Dates(s) of Activity
Physical Address	Block & Lot	Date(s) for set-up (if Different)

**APPLICANT** (State if Corporation Partnership, or Individual)

Name	
Address	
Telephone	Fax

Purpose for Use(s)		
List material(s) to be used, Type(s) and Amount(s)		
Name of Blaster	Employed By	
<input type="checkbox"/> Site Diagram on Back (Hand Drawn is acceptable)		
<b>Checklist (</b>		
<input type="checkbox"/> Copy of State DOL Lic.	<input type="checkbox"/> Attach MSDS Sheet	<input type="checkbox"/> DIG Ref #
<input type="checkbox"/> Copy of BATF Lic. Cert.	<input type="checkbox"/> Attach Insurance Doc.	<input type="checkbox"/> Property Owner written permission (Copy attached )

\_\_\_\_\_  
Signed Title

\_\_\_\_\_  
Print Name

**FOR OFFICIAL USE ONLY**

Date Received	Date Reviewed	Date Approved	Fee Paid	Check #	Expires
Date Issued	Permit #				
Comments					