



**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

Fire Suppression/Hood - Permit Application

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

Date of Application	Contact Name:
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APPLICANT (State if Corporation Partnership, or Individual)

Business Name			
Business Address			
Telephone		Fax	

Date of Last Hood Cleaning:		Date of Last Service on Fire Suppression System.	
Name of Contractor completing work		Name of Contractor completing work	
Phone #		Phone #	
Date when filters were changed		How often are filters cleaned or changed <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	
<input type="checkbox"/> Site Diagram on Back (Hand Drawn is acceptable) Seating diagram (table, chairs layout-Exits etc)			

Checklist

<input type="checkbox"/> Is Hood area ready and available for inspection	<input type="checkbox"/> Is portable fire extinguisher accessible / serviced & compatible	<input type="checkbox"/> Is Hood fan switch clearly marked ON & OFF
<input type="checkbox"/> Discharge nozzles aimed at cooking area.	<input type="checkbox"/> Are discharge nozzles secured in placed (Nozzles do not move)	<input type="checkbox"/> Free from excess grease.

Signed Title

Print Name

FOR OFFICIAL USE ONLY

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