



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

## Request for Variance



You will notified within 30 days after submitting this application if its is granted or denied. An application which is not granted within 30 days shall be deemed to have been denied. A denial of an application may be appealed in the same manner as any other ruling issued by the Commissioner.

Business Name		Registration Number	
Address of Premises			
Town	Princeton	State & Zip	N.J. 08540 or 08544
Tele #		Fax #	
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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.

The requirements of the regulations from which a variance is sought:

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The manner in which strict compliance with the regulation would result in practical difficulty:

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The nature and extent of the practical difficulty:

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Feasible alternative which would adequately protect the occupants or intended occupants, firefighters and the public:

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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