



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

## Welding & Cutting 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: (Rain Date)
	Physical Address / Block & Lot	Date(s) for set-up (if Different)

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

Name	
Address	
Telephone	Fax

List number, size and type of containers/cylinders to be used. (Include Spares)
Where is equipment stored when not in use.
Names of users and qualifications
<input type="checkbox"/> MSDS <input type="checkbox"/> HSFS

### Checklist (

<input type="checkbox"/> Is work area readily available for Inspection & Free of combustibles	<input type="checkbox"/> If storage is in a separate room or area properly identified with placarded or signs.	<input type="checkbox"/> Regulators & assemblies approved type for commodity and working order.
<input type="checkbox"/> Right-to-Know labeling Posted	<input type="checkbox"/> No smoking signs posted in work area.	<input type="checkbox"/> Portable fire extinguisher attached to portable carts.

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

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

### FOR OFFICIAL USE ONLY

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