



**CODE ENFORCEMENT DIVISION  
CITY OF NEWARK**

220 South Main Street · Newark, Delaware 19711  
302.366.7000 · Fax 302.366.7098 · www.newarkde.gov

## Fire Safety Permit Application

**Application Date:**

<b>APPLICANT INFORMATION</b>		
Applicant Name		
Applicant Address		
Business Name		
Telephone Number	Fax Number	Emergency Number
<b>ACTIVITY/LOCATION INFORMATION</b>		
Location where activity will occur:		
Duration (choose one): Permit requested for the following date(s): Permit requested for one year -		
The above named applicant hereby requests permission to conduct the following activity at the above indicated location:		
And/or for the keeping, storage, occupancy, use, sale, handling or manufacturing of the following:		
State quantities and methods for each category of material to be stored or used:		
<b>CERTIFICATION</b>		
I hereby certify that I have read this application, that all statements and information submitted are true and that I agree to comply with the requirements of the Newark City Codes, IFC, DSFPR as well as any specific conditions imposed by the Fire Marshal and if I fail to do so, this permit may be revoked and I will be subject to penalties as provided by law.		
Applicant's Signature	Print Name and Title	Date
OFFICIAL USE ONLY—DO NOT WRITE BELOW THIS LINE		
<b>Conditions Imposed</b>	<b>Denied</b>	<b>Approved</b>
Check/MO #:	Rec'd By:	David L Tynan Jr, FPS