

**IRVINGTON FIRE DEPARTMENT
FIRE PREVENTION DIVISION
2015 SUPPRESSION SYSTEM PERMIT APPLICATION**

DATE _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

PHONE NUMBER OF BUSINESS _____

FAX NUMBER _____

EMAIL _____

TYPE OF BUSINESS _____

NAME OF OWNER _____

OWNER'S HOME ADDRESS _____

OWNER'S HOME PHONE _____

OWNER'S SIGNATURE _____

ANNUAL FEE \$42.00

MAKE MONEY ORDER PAYABLE TO: TOWNSHIP OF IRVINGTON FIRE OFFICIAL

RETURN MONEY ORDER AND APPLICATION TO: **FIRE OFFICIAL
IRVINGTON FIRE DEPARTMENT
1 CIVIC SQUARE
IRVINGTON, N.J .07111**

OFFICE USE ONLY

DATE RECEIVED _____ **RECEIVED BY** _____