

Danvers Fire Department Permit Application Form



Project Business Name and Location:

Full Name of Person, Firm or Corporation Applying for Permit:

Address of Same:

Project Contact Information: (Name, Phone# and Email Address)

Type of Permit Requested:

Certificate/License # _____ Expiration Date: _____

Clearly State the Purpose of the Permit Request:

Plans Submitted

Yes

No

Applicant Signature _____ Date of Application _____