

SMOKE PERMIT APPLICATION

NAME _____

ADDRESS _____

KIND OF BUSINESS _____

LOCATION OF PREMISES _____

DETAILED STATEMENT OF MANNER IN WHICH SMOKE, GAS OR VAPOR DISCHARGED OR
OMITTED IS CREATED

WHAT DEVICE IS USED TO CONTROL SUCH SMOKE, GAS OR VAPOR?

ALL APPLICANTS SHALL AUTHORIZE ANY AND ALL OFFICERS OF THE BOROUGH
CHARGED WITH THE ENFORCEMENT TO INSPECT SAID PREMISES EITHER PRIOR TO
GRANTING OF ANY LICENSE HEREUNDER OR AT ANY TIME THEREAFTER.

SIGNATURE _____