



STATE OF DELAWARE
 OFFICE STATE FIRE MARSHAL
 1537 CHESTNUT GROVE ROAD
 DOVER, DELAWARE 19904-9610
 PHONE NUMBER (302) 739-4447



APPLICATION FOR HAUNTED HOUSE PERMIT

Return COMPLETED APPLICATION, a LOCATION DRAWING OR SKETCH with a check or money order in the amount of \$25.00 made payable to the STATE OF DELAWARE

DATE: _____

1. _____
NAME OF APPLICANT/ORGANIZATION
2. _____
ADDRESS

3. _____ PHONE # _____
INDIVIDUAL FOR CONTACT
4. _____
LOCATION OF HAUNTED HOUSE
5. _____
MAXIMUM OCCUPANCY
6. _____
DATE OF EVENT

APPLICATION IS HEREBY MADE FOR A HAUNTED HOUSE PERMIT, AND SHALL COMPLY WITH ALL PROVISIONS OF THE FIRE PREVENTION RULES AND REGULATIONS OF THE STATE OF DELAWARE, ADOPTED CODES AND ORDINANCES.

<u>Fire Marshal Use Only</u>	
Date Rec'd:	_____
Check #:	_____
Fee Rec'd:	_____
Permit #:	_____
Expiration Date:	_____

Signature of Applicant

Title

