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## CANDLE PERMIT APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CANDLES USED FOR: \_\_\_\_\_

NAME OF BUILDING: \_\_\_\_\_

BUILDING ADDRESS: \_\_\_\_\_

**NOTE:** MUST PROVIDE SAMPLES, NUMBER OF CANDLES AND ROOM LAYOUT.

- TEMPORARY PERMIT  
 PERMANENT PERMIT

USE WILL COMMENCE ON    DATE: \_\_\_\_\_    TIME: \_\_\_\_\_

AND WILL TERMINATE ON    DATE: \_\_\_\_\_    TIME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_    DATE: \_\_\_\_\_

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### *EH&S USE ONLY*

INSPECTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_    TIME: \_\_\_\_\_

PERMIT:

- APPROVED  
 DISAPPROVED

REASONS OR COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

