
TORCH 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: _____

EH&S USE ONLY

INSPECTED BY: _____

DATE: _____ TIME: _____

PERMIT:

- APPROVED
 DISAPPROVED

REASONS OR COMMENTS: _____
