

Bureau of Fire Safety  
Township of Clinton & Lebanon Borough  
Office of the Fire Marshal  
908-735-8800 x.254



Municipal Building  
1225 Route 31  
Suite 411  
Building D  
Lebanon, NJ 08833

**AFFIDAVIT ATTESTING TO THE APPLICATION OF INTERIOR FINISH PROTECTION**

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*This area office use only*

Local ID#: \_\_\_\_\_ State ID#: \_\_\_\_\_ Date of Affidavit: \_\_\_\_\_

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Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

I hereby attest that I have applied to the areas defined in the Notice of violation, following the manufacturer's directions, with the appropriate coverage of a fire retardant agent herein specified.

**Give a description of the areas protection was applied to:**

\_\_\_\_\_  
\_\_\_\_\_

**The following fire retardant material was used:**

\_\_\_\_\_ Brand Name and Type of retardant

\_\_\_\_\_ Number & size of containers used

\_\_\_\_\_ Number of coats/rate of application

I further submit and attach a copy of the purchase receipt(s) for the above named product used and a label from the container.

I certify that all statements made by me in this affidavit are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date