



# OFFICE OF THE STATE FIRE MARSHAL



**New Castle County**

Delaware Fire Service Center  
2307 MacArthur Road  
New Castle, DE 19720-2426  
302-323-5375/Fax 302-323-5366

**Kent County**

Delaware Fire Service Center  
1537 Chestnut Grove Road  
Dover, DE 19904-1544  
302-739-4447/Fax 302-739-3696

**Sussex County**

Delaware Fire Service Center  
22705 Park Avenue  
Georgetown, DE 19947-6303  
302-856-5600/Fax 302-856-4607

## 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. \_\_\_\_\_  
**INDIVIDUAL FOR CONTACT** **Phone #**

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 DELAWARE STATE FIRE PREVENTION REGULATIONS, REGULATION 706, CHAPTER 7 HAUNTED HOUSES.**

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

\_\_\_\_\_  
Signature of Applicant/Title

\_\_\_\_\_  
E-mail Address

