

DEPARTMENT OF COMMUNITY AFFAIRS
 DIVISION OF FIRE SAFETY
 PO BOX 809
 TRENTON, NEW JERSEY 08625-0809
 (609)-633-6132
 (609)-633-6330 (Fax)

APPLICATION
 FOR
 PERMIT



LOCATION INFORMATION			
MUNICIPAL CODE: _____ - _____		REGISTRATION #: _____	
Name:	Street Address:		
Municipality:	County:		
State:	Zip Code: _____	Telephone No: _____	Fax No: _____

APPLICANT INFORMATION			
Applicant's Name:		Applicant's Home Street Address:	
Municipality:	County:		
State:	Zip Code: _____	Telephone No: _____	Fax No: _____

- Permit requested for following date(s): _____
- Permit requested on annual basis – Expiration Date: _____

NOTE: Attach additional signed sheet if space is insufficient

The above named applicant hereby requests permission to conduct the following activity at the above location:

And / or for the storage, occupancy, use, sale, handling or manufacturing of the following:

State quantities and method for each category to be stored or used:

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed, and, if not, this permit may be revoked and I will be subject to penalties as provided by law.

 Applicant's Signature Title Date

See reverse side for information concerning your administrative appeal rights if this application is denied.

Make check payable to "Treasurer, State of New Jersey" and mail to
 Department of Community Affairs, Division of Fire Safety, PO Box 809, Trenton, New Jersey 08625-0809

FOR OFFICIAL USE ONLY			
Permit type: _____	<input type="checkbox"/> Conditions imposed	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved pending payment of \$ _____ Permit fee