

SOMERDALE FIRE PREVENTION
 BUREAU
 105 KENNEDY BLVD
 SOMERDALE, N.J. 08083
 856-783-6320 EXT-21

APPLICATION FOR PERMIT

LOCATION INFORMATION

MUNICIPAL CODE:		REGISTRATION #:
NAME:		STREET ADDRESS:
MUNICIPALITY:		COUNTY:
STATE:	ZIP CODE:	AREA CODE & PHONE #:

APPLICANT INFORMATION

APPLICANT'S NAME:		APPLICANT'S HOME STREET ADDRESS:	
MUNICIPALITY:		COUNTY:	
STATE:	ZIP CODE:	PHONE #:	FAX #:

Permit requested for following date(s) : _____

Permit requested for one year - 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 or material to be stored or used:

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the New Jersey Uniform 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

MAKE CHECK PAYABLE TO

SOMERDALE FIRE PREVENTION

BUREAU

AND MAIL TO:

105 KENNEDY BLVD

SOMERDALE, N.J. 08083

856-783-6320 EXT-21

FOR OFFICIAL USE ONLY

Permit Type: _____	<input type="checkbox"/> Conditions Imposed	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved pending payment of \$ _____	Fee **
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5:71-3.7(b)12.

 Fire Official Signature

See reverse side for information concerning your administrative appeal rights