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 permmission 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:_____ [ ] Conditions Imposed [ ] Denied [ ] Approved pending payment of $_____ Fee **

5:71-3.7(b)12.

_____
Fire Official Signature

See reverse side for information concerning your administrative appeal rights