

APPLICATION FOR FIRE SAFETY 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 THE "TOWNSHIP OF SPRINGFIELD" AND MAIL TO:

Springfield Fire Department
Fire Prevention Bureau
200 Mountain Avenue
Springfield, NJ 07081

FOR OFFICIAL USE ONLY

Permit Type: _____	[] Conditions Imposed	[] Denied	[] Approved pending payment of \$ _____	Fee **
--------------------	------------------------	------------	--	--------

5:71-3.7(b)12.

Fire Official Signature