APPLICATION for FIRE SAFETY PERMIT & REQUIREMENTS

Haddon Township

Office of the Fire Marshal

Bureau of Fire Prevention
10 Reeve Avenue
Haddon Township, NJ 08108
Office: 856-854-1176 Ext. #6269/6276
Fax: 856-854-8773

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 _____ AND MAIL TO:

FOR OFFICIAL USE ONLY

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

5:71-3.7(b)12.

_____
Fire Official Signature

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The Uniform Fire Code states:

"Permits shall be required, and obtained from the local enforcing agency for the activities specified in this section, except where they are an integral part of a process or activity by reason of which a use is required to be registered and regulated as a life hazard use. Permits shall at all times be kept in the premises designated therein and shall at all times be subject to inspection by the Fire Official." [N.J.A.C. 5:70-2.7(a)]

Date of application: _____

Location where activity will occur _____

Date _____ Time _____

Applicant Name _____ Address _____

Organization Name _____

Phone/Fax Number _____ Emerg.# _____

Block/Lot _____ Registration# _____

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

_____

_____

And for the keeping, storage, occupancy, sale, handling or manufacture of the following:

_____

_____

(State quantities for each category to be stored, or used and the method stored or used:)

_____

_____

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed by the Fire Official.

_____ _____
Applicant Signature Fire Official Signature

_____ _____
Fee Amount Permit Type

OFFICE of the FIRE MARSHAL