

Application for Fire Permit

Location Information

Mun Code:	Block:	Lot:	Qualifier:	Registration #:		
1315						
Name:				Address:		
City:				County:		
State: Zip Code:			Telephone:			
		<u> </u>	Applicant Ir	nformation		
Name:				Address:		
City:				County:		
State:		Zip Code:		Telephone:		
Email:						
☐ Permit R	equested for fo	llowing Dates	Start Date:	End	Date:	
Permit Requested for one year				End Date:		
And/or for the	storage, occup	oancy, use, sale	e, handling or	manufacturing of the f	following:	
State quantitie	es and method	for each categ	ory or materia	al to be stored or used:		
I hereby ackn the New Jer	rsey Uniform Fi	re Code as weÌ	Ĭ as any spec	ct, and agree to comply ific conditions imposed penalties as provided	Í, and, if not, th	le requirements of is permit may be
Appli	icants Signature		Title		Date	
MAKE CHECKS PAYABLE TO		Во	rough of Freehold		_ AND MAIL TO:	
			Freehold	chanic St. d NJ, 07728		
			FUR DEFIL	AL USE ONLY		
Permit Type: _		Conditions Impos		ed Approved Pending	g Payment of \$ _	