

# 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:

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And / or for the storage, occupancy, use, sale, handling or manufacturing of the following:

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State quantities and method for each category or material to be stored or used:

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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

See attached information concerning your administrative appeal rights

**Howell Fire Bureau**  
**P.O. Box 580**  
**Howell, NJ 07731**  
**Voice 732-938-4500 x 2900**  
**Fax 732-938-7411**