Clinton Township
BUREAU OF FIRE SAFETY
1225 Route 31 South
Clinton Township, NJ 08833
Phone: 908-735-8800
Fax: 908-735-8156

Application for Fire Permit

Location Information

Mun Code: 1006	Block:	Lot:	Qualifier:	Registration #:
Name:				Address:
City:				County:
State:		Zip Code:		Telephone:

Applicant Information

Name:		Address:
City:		County:
State:	Zip Code:	Telephone:

☐ Permit Requested for following Dates Start Date: _____ End Date: _____

☐ Permit Requested for one year End 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 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.

_____

Applicants Signature Title Date

MAKE CHECKS PAYABLE TO Clinton Township Bureau of Fire Safety **AND MAIL TO:**

1225 Route 31 South
Clinton Township NJ, 08833

FOR OFFICIAL USE ONLY

Permit Type: _____ ☐ Conditions Imposed ☐ Denied ☐ Approved Pending Payment of $ _____

_____
Patrick A, Renaldi, Fire Marshal,