

BUREAU OF FIRE PREVENTION

FIRE DISTRICT No. 1

HAZLET TOWNSHIP

812 Poole Ave., Suite A Hazlet, NJ 07730

Tel: 732-264-1427 hazletfiredistrict1@gmail.com

APPLICATION TENT PERMIT

LOCATION INFORMATION

NAME OF BUSINESS		BUSINESS ADDRESS	
MUNICIPALITY: HAZLET TOWNSHIP		COUNTY: MONMOUTH	
STATE: NJ	ZIP CODE 07730	AREA CODE & PHONE #:	

APPLICANT INFORMATION

APPLICANT NAME:		APPLICANT'S HOME STREET ADDRESS:	
MUNICIPALITY:		COUNTY:	
STATE:	ZIP CODE	PHONE #:	FAX #:

Permit requested for following date(s): _____

NOTE: A Site Plan with placement of tent must be attached.

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

Temporary placement of tent _____

Reason and Number of expected people in attendance: _____

Size of tent: _____

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: HAZLET TOWNSHIP BUREAU OF FIRE PREVENTION

FOR OFFICIAL USE ONLY

Permit Type: _____	<input type="checkbox"/> Conditions Imposed	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved pending payment of \$ _____	Fee \$60.0
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Fire Official Signature