

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

Vendor

PERMIT

BUSINESS OWNER INFORMATION

NAME OF BUSINESS		BUSINESS ADDRESS	
TOWN		COUNTY:	
STATE:	ZIP CODE	AREA CODE & PHONE #:	

APPLICANT INFORMATION

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

Permit requested for following date(s): _____

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:

Name and dates of events attending;

Type of tanks for cooking, quantity, and storage;

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:	<u> 1 </u> <input type="checkbox"/>	Conditions Imposed	<input type="checkbox"/>	Denied	<input type="checkbox"/>	Approved pending payment of \$	<u> </u>	Fee \$60.00
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5:71-3.7(b)12.

Fire Official Signature