

BUREAU OF FIRE PREVENTION

FIRE DISTRICT No. 1

HAZLET TOWNSHIP

812Poole Ave. Suite A Hazlet, NJ 07730

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

APPLICATION TYPE 2 PERMIT

LOCATION INFORMATION

MUNICIPAL CODE: 1339		REGISTRATION #:
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): _____

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:

And for the storage , occupancy, use, sale, handling, or manufacture 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 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 **
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5:71-3.7(b)12.

Fire Official Signature