



City of Bridgeton Fire Department

181 E. Commerce Street ♦ Bridgeton, New Jersey 08302
Phone: 856-451-4250 ♦ Fax: 856-459-1801
www.bridgetonfire.com

Fire ♦ Rescue ♦ Emergency Medical Services



APPLICATION FOR PERMIT

LOCATION INFORMATION	
NAME: <input type="text"/>	PHONE NUMBER: <input type="text"/>
ADDRESS: <input type="text"/> <input type="text"/>	LOCAL ID: <input type="text"/> REGISTRATION NO: <input type="text"/>

APPLICANT INFORMATION			
APPLICANT'S NAME: <input type="text"/>	PHONE: <input type="text"/>		
	FAX: <input type="text"/>		
STREET ADDRESS: <input type="text"/>	CITY: <input type="text"/>	STATE: <input type="text"/>	Zip: <input type="text"/>

Permit requested for following date(s):

Other details (additional dates etc.):

From to

Permit requested for one year. Expiration date:

NOTE: Attach additional signed sheet if space below 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 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 Name (Signature)

Title

Date

MAKE CHECK PAYABLE TO *City of Bridgeton Fire Dept., Bureau of Fire Prevention* AND MAIL TO:

City of Bridgeton Fire Department
Bureau of Fire Prevention
181 E. Commerce St.
Bridgeton, NJ 08302

Todd M. Bowen, Fire Official

FOR OFFICIAL USE ONLY

Permit type:

Conditions imposed

Denied

Approved pending payment of \$

fee **