

Application for Fire Permit

Location Information

Mun Code:	Block:	Lot:	Qualifier:	Req	istration #:			
Name:				Address:				
City:					County:			
State:		Zip Code:	Zip Code:		Telephone:			
			Applicant I	nfor	mation			
Name:				Address:				
City:				County:				
State:		Zip Code:		Telephone:				
Email:								
☐ Permit Requested for following Dates Start Date					End Date):		
☐ Permit Requested for one year					nd Date:			
					ufacturing of the followi			
I hereby ack the New Jo	ersev Uniform F	ire Code as we	ll as anv spe	cific	and agree to comply wit conditions imposed, an nalties as provided by l	d, if not, this	e requirements of s permit may be	
Applicants Signature			Title			Date	•	
MAKE CHECKS PAYABLE TO			Borough of Watchung				AND MAIL TO:	
					Boulevard IJ, 07069			
			FOR OFFI	CIAL	USE ONLY			
Permit Type:		Conditions Impos	sed De	enied	Approved Pending Pa	yment of \$ _		
			Fire (Offic	cial			