



# Hamilton Township Fire District #7

## Fire Prevention Bureau

200 Mercer Street  
Hamilton, NJ 08690  
Phone 609-890-6927  
Fax 609-587-9030

### FIRE SAFETY PERMIT APPLICATION

<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>TELEPHONE NUMBER:</b>	<b>TIME AVAILABLE:</b>
<b>LOCATION WHERE ACTIVITY WILL OCCUR AND PROPOSED DATE:</b>	
<b>APPLICATION DATE:</b>	<b>TYPE OF PERMIT APPLIED FOR:</b>

THE ABOVE NAME APPLICANT HEREBY REQUESTS PERMISSION TO CONDUCT/STORE THE FOLLOWING ACTIVITY/MATERIALS AT THE LOCATION INDICATED ABOVE: \_\_\_\_\_

**NOTE: THIS IS A FIRE SAFETY PERMIT APPLICATION ONLY. IT SHALL BE THE APPLICANTS RESPONSIBILITY TO COMPLY WITH OTHER APPLICABLE PUBLIC SAFETY REQUIREMENTS.**

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS APPLICATION. I FURTHER ATTEST THAT THE INFORMATION ABOVE IS CORRECT AND THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT ON THE OWNERS BEHALF AND AS SUCH HEREBY AGREE TO COMPLY WITH ALL APPLICABLE REQUIREMENTS OF THE FIRE CODE AS WELL AS ANY CONDITIONS IMPOSED BY THE FIRE OFFICIAL. AN ON SITE INSPECTION WILL BE CONDUCTED PRIOR TO THE PERMIT BEING ISSUED.

\_\_\_\_\_  
PRINTED NAME AND TITLE

\_\_\_\_\_  
SIGNATURE

#### FOR OFFICIAL USE ONLY

**FEE PAID:** \_\_\_\_\_

**CHECK #:** \_\_\_\_\_

**DATE ISSUED:** \_\_\_\_\_

**EXPIRES:** \_\_\_\_\_

**PERMIT #:** \_\_\_\_\_

**OTHER APPROVALS:** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_