



Long Hill Township Fire Prevention
 915 Valley Road
 Gillette, NJ 07933
 Phone: 908-647-8000
 Fax: 908-647-4150

Application for Fire Permit

LOCATION INFORMATION

Municipal Code 1430	Block	Lot	Qualifier	Registration #:
Name:			Address:	
City:			County:	
State:		Zip Code:	Telephone:	

APPLICANT INFORMATION

Name:			Address:	
City:			County:	
State:		Zip Code:	Telephone:	

- Permit Requested for Following Dates Start Date: _____ End Date: _____
- Permit Requested for One Year End 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/or for the storage, occupancy, use, sale, handling or manufacturing of the following:

State quantities and method of each category or material to be stored or used:

I hereby acknowledge that the information given is correct, and I agree to comply with 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 Signature	_____ Title	_____ Date
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MAKE CHECKS PAYABLE TO: Township of Long Hill
AND MAIL TO: 915 Valley Road
 Gillette, NJ 07933

FOR OFFICIAL USE ONLY

Permit Type: _____	<input type="checkbox"/> Conditions Imposed	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved Pending Payment of \$ _____
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Fire Official Signature