

**Bureau of Fire Prevention
 Borough of Washington
 100 Belvidere Ave.
 Washington, NJ 07882
 (908)689-3600 x-123
 (908)689-9485 (FAX)**

APPLICATION FOR PERMIT



LOCATION INFORMATION

Permit #: _____

Name: _____ Street Address: _____

State: _____ Zip Code: _____ Telephone No: _____ Fax No: _____

APPLICANT INFORMATION

Applicant's Name: _____ Applicant's Home
 Street Address: _____

State: _____ Zip Code: _____ Telephone No: _____ Fax No: _____

Permit requested for following date(s): _____

Permit requested on annual basis – 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 / or for the storage, occupancy, use, sale, handling or manufacturing of the following:

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

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the 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 "Borough of Washington Fire Prevention" and mail to
 Bureau of Fire Prevention, 100 Belvidere Ave. Washington, NJ 07882**

| | | |
|---|---------------------------------|--|
| Permit type: _____ | FOR OFFICIAL USE ONLY | |
| <input type="checkbox"/> Conditions imposed | <input type="checkbox"/> Denied | <input type="checkbox"/> Approved pending payment of \$ _____ Permit fee |

Fire Official: _____