



# APPLICATION FOR FIRE PERMIT

## EVENT LOCATION INFORMATION

MUNICIPAL CODE: 0114-01		REGISTRATION #:	
NAME:		ADDRESS:	
MUNICIPALITY: CITY OF LINWOOD		COUNTY: ATLANTIC	
STATE: NEW JERSEY	ZIP CODE: 08221	AREA CODE & PHONE #:	

## APPLICANT INFORMATION

APPLICANT'S NAME:		APPLICANT'S HOME STREET ADDRESS:	
MUNICIPALITY:		COUNTY:	
STATE:	ZIP CODE:	PHONE #:	FAX #:

- Permit requested for following date(s) : \_\_\_\_\_
- Permit requested for one year - 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 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 Signature

Title

Date

**MAKE CHECK PAYABLE TO "LINWOOD BUREAU FIRE PREVENTION AND MAIL TO: OFFICE OF FIRE OFFICIAL,  
400 POPLAR AVENUE, LINWOOD, NEW JERSEY 08221.**

## FOR OFFICIAL USE ONLY

Permit Type: _____	Conditions Imposed	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved pending payment of \$ _____	Fee **
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5:71-3.7(b)12.

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Thomas P. Flynn, Jr., Fire Official  
Raymond Conover IV, Fire Inspector

*See next page for information concerning your administrative appeal rights*