

BUREAU OF FIRE PREVENTION  
 BORDENTOWN TOWNSHIP FIRE DISTRICT # 1  
 PO BOX 11372  
 YARDVILLE, NJ 08620  
 609-298-5375  
 609-298-4501 (FAX)

**APPLICATION  
 FOR PERMIT**



LOCATION INFORMATION		
Municipality:	Registration #:	
Name:	Area Code & Phone #:	
Street Address:	State:	Zip Code:

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

\*Please make check payable to Bureau of Fire Prevention Bordentown Township Fire District # 1 at the mailing address listed above.\*

FOR OFFICIAL USE ONLY	
Permit Type: _____ <input type="checkbox"/> Conditions Imposed <input type="checkbox"/> Denied <input type="checkbox"/> Approved pending payment of \$ _____ Fee	

\_\_\_\_\_  
 Fire Official Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Certification Number