

**Plumsted Township Fire District #1  
Office of the Fire Marshal**

PO Box 267  
New Egypt, NJ 08533

Joseph M. Paolo  
Fire Marshal

Telephone  
609-758-3920  
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**APPLICATION FOR PERMIT**

Application Date \_\_\_\_\_ 20 \_\_\_\_\_

PERMITS SHALL BE REQUIRED AND OBTAINED FOR ACTIVITIES SPECIFIED IN THE NEW JERSEY UNIFORM FIRE CODE. THE FIRE MARSHAL MAY REVOKE A PERMIT IF UPON INSPECTION ANY VIOLATION OF THE CODE EXISTS OR CONDITIONS OF THE PERMIT HAS BEEN VIOLATED, OR THERE HAS BEEN ANY FALSE STATEMENT OR MISREPRESENTATION.

Information of location for which Permit is Requested: (Please Print or Type)

Tax Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
NAME OF LOCATION OR STRUCTURE

Address: \_\_\_\_\_  
STREET & MUNICIPALITY

Property Owner: \_\_\_\_\_  
STATE IF CORP., PARTNERSHIP, OR AS INDIVIDUAL

Address: \_\_\_\_\_  
STREET & MUNICIPALITY

Phone # (H): \_\_\_\_\_ (B): \_\_\_\_\_

Applicant: \_\_\_\_\_  
STATE IF CORP., PARTNERSHIP, OR AS INDIVIDUAL

Address: \_\_\_\_\_  
STREET & MUNICIPALITY

Phone # (H): \_\_\_\_\_ (B): \_\_\_\_\_

The above named applicant hereby requests permission to conduct the following activity at the indicated location on the following date(s) and time of event:

\_\_\_\_\_  
\_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, AND THAT I AM THE OWNER, OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE FIRE CODE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE OFFICIAL

Signed \_\_\_\_\_ Title \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Permit Type: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date of Insp. \_\_\_\_\_ 20 \_\_\_\_\_

Inspector: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Permit #: \_\_\_\_\_