RIVER EDGE FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION

705 KINDERKAMACK ROAD
RIVER EDGE, NEW JERSEY 07661

APPLICATION FOR PERMIT

ALAN SILVERMAN
FIRE OFFICAL

Tel: 201-599-6323
Cell: 201-805-6857

LOCATION INFORMATION

MUNICIPAL CODE:		REGISTRATION #:
NAME:		STREET ADDRESS:
MUNICIPALITY:		COUNTY:
STATE:	ZIP CODE:	AREA CODE & PHONE NO.

APPLICANT INFORMATION

APPLICANT'S NAME:		APPLICANT'S HOME ADDRESS:
MUNICIPALITY:		COUNTY:
STATE:	ZIP CODE:	AREA CODE & PHONE NO.

[ ] Permit requested for following date(s):_____

[ ] Permit requested for one year – Expiration date: _____

NOTE: Attach additional signed sheets 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

Permit Type:_____ [ ] Conditions Imposed [ ] Denied [ ] Approved pending payment of $___54___

MAKE CHECK PAYABLE TO: BOROUGH OF RIVER EDGE
MAIL TO: 705 KINDERKAMACK ROAD, RIVER EDGE, NJ 07661