BUREAU OF FIRE PREVENTION
BORDENTOWN TOWNSHIP FIRE DISTRICT # 1
PO BOX 11372
YARDVILLE, NJ 08620
609-298-5375
dutyfm@missionfire.org

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 *
Applications, fees and cooking reports must be submitted a minimum of 14 days in advance of the event

FOR OFFICIAL USE ONLY

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

_____ _____

Fire Official Signature Date

_____

Certification Number