

**Whippany Fire District No. 2
Bureau of Fire Prevention
440 Route 10
Whippany, NJ 07981
Tel: (973) 887-7340
Fax: (973) 887-4559**

Application for Fire Safety Permit

LOCATION INFORMATION

| | | |
|------------------------|------------------|--------------------------------|
| MUNICIPAL CODE: | | REGISTRATION #: |
| NAME: | | STREET ADDRESS: |
| MUNICIPALITY: | | COUNTY: |
| STATE: | ZIP CODE: | AREA CODE & PHONE#: |

APPLICANT INFORMATION

| | | |
|------------------------|------------------|----------------------------------|
| APPLICANT NAME: | | APPLICANT STREET ADDRESS: |
| MUNICIPALITY: | | COUNTY: |
| STATE: | ZIP CODE: | AREA CODE & PHONE #: |

Permit requested for following date(s): _____ Time of Event: _____

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 |
| See attached sheet for information concerning your administrative appeal rights. | | |

**MAKE CHECK PAYABLE TO "WHIPPANY FIRE DISTRICT No. 2" AND MAIL TO:
The above address.**

FOR OFFICIAL USE ONLY

| | | | | |
|---------------------------|---|---------------------------------|---|--------------|
| Permit Type: _____ | <input type="checkbox"/> Conditions Imposed | <input type="checkbox"/> Denied | <input type="checkbox"/> Approved pending payment of \$ _____ | Fee** |
|---------------------------|---|---------------------------------|---|--------------|

**** Call the Bureau of Fire Prevention to determine permit fee amount.**

Inspector: _____