



Manasquan Fire District #1
38 Taylor Avenue
Manasquan, NJ 08736

Office: (732) 223-1599
 Fax: (732) 223-8802

APPLICATION FOR PERMIT

LOCATION INFORMATION

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

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

MAKE CHECK PAYABLE TO MANASQUAN BOARD OF FIRE COMMISSIONERS AND MAIL TO:
Manasquan Fire District #1
38 Taylor Avenue
Manasquan, NJ 08736

FOR OFFICIAL USE ONLY

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