



**WEST WINDSOR TOWNSHIP
EMERGENCY SERVICES**

P.O. Box 38

West Windsor, NJ 08550

Phone (609) 799-2400 Fax (609) 799-8926

FIRE SAFETY PERMIT APPLICATION

APPLICANT INFORMATION (INCLUDE BUSINESS NAME, ADDRESS, & PHONE NUMBER) :

DESCRIBE ACTIVITY THAT WILL OCCUR:

DESCRIBE EXACT LOCATION OF ACTIVITY:

DATES AND TIME DURATION ACTIVITY WILL OCCUR:

RESPONSIBLE PARTY NAME & CONTACT INFORMATION:

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION PROVIDED 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, LIMITATIONS AND/OR SPECIAL INSTRUCTIONS IMPOSED BY WEST WINDSOR TOWNSHIP OR THE FIRE OFFICIAL.

SIGNATURE

TITLE

DATE

THIS SECTION FOR DIVISION USE ONLY

DEP PERMIT _____ FIRE RETARDANT CERTIFICATION _____

UCC APPROVAL _____ CERTIFICATE OF INSURANCE _____

FEE _____ CHECK NUMBER _____