



Rockaway Township
 Fire Prevention
 65 Mt Hope Rd
 Rockaway, NJ 07866
 Phone: 973-983-2865

Application for Fire Permit

Location Information

Mun Code:	Block:	Lot:	Qualifier:	Registration #:
Name:			Address:	
City:			County:	
State:		Zip Code:	Telephone:	

Applicant Information

Name:		Address:		
City:		County:		
State:		Zip Code:	Telephone:	
Email:				

- Permit Requested for following Dates Start Date: _____ End Date: _____
 Permit Requested for one year End 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 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.

Applicants Signature

Title

Date

MAKE CHECKS PAYABLE TO _____ **AND MAIL TO:**

65 Mt Hope Rd
 Rockaway NJ, 07866

FOR OFFICIAL USE ONLY

Permit Type: _____ Conditions Imposed Denied Approved Pending Payment of \$ _____

 Fire Official