

MAKE CHECKS PAYABLE  
To:

Maywood Fire Prevention  
15 Park Avenue  
Maywood, New Jersey 07607  
201-845-2900

APPLICATION  
FOR  
PERMIT  
LOCATION INFORMATION



PERMIT  
FEE  
54.00

MUNICIPAL CODE: 0234 - \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

Municipality: Maywood, Bergen County, New Jersey 07607

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_ Fax No: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant's Home Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Email / Fax: \_\_\_\_\_

( ) Permit request for following date(s): \_\_\_\_\_

( ) Permit requested on annual basis – 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 to be stored or used:

\_\_\_\_\_

**ALL OPEN FLAME DEVICES MUST BE KEPT 5 FEET FROM ANY STRUCTURES and a 10 lb. ABC Type FIRE EXTINGUISHER MUST BE LOCATED WITHIN 10 FEET OF THE DEVICE.**

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the 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 Print Name/Title Date

Permit Type: \_\_\_\_\_ Fee: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Check # \_\_\_\_\_

Inspector: \_\_\_\_\_ Date/Notes: \_\_\_\_\_