

**Township of Bedminster
 Department of Fire Prevention and Protection
 (908) 212-7012**

**APPLICATION
 FOR
 PERMIT**

LOCATION INFORMATION		
MUNICIPAL CODE: <u>1801-001</u>	REGISTRATION#: _____	
Name	Street Address	
Municipality	County	
State	Zip Code	Area Code & Phone Number

APPLICANT INFORMATION		
Applicant's Name	Applicant's Home Street Address	
Municipality	County	
State	Zip Code	Area Code & Phone Number

- Permit requested 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 the storage, occupancy, use, sale, handling or manufacturing of the following:

State quantities and method for each category to be stored or used:

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 will be subject to penalties as provided by law.

 Applicant's Signature Title Date

See reverse side for information concerning your administrative appeal rights

Make check payable to Bedminster Twp. Fire Prevention

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

Fire Official: _____