



Hamilton Fire Division
Fire Prevention Bureau
200 Mercer Street
Hamilton, NJ 08690
609 890-6927

FIRE SAFETY PERMIT APPLICATION

NAME:	
ADDRESS:	
TELEPHONE NUMBER:	EMAIL:
LOCATION WHERE ACTIVITY WILL OCCUR AND PROPOSED DATE:	
APPLICATION DATE:	TYPE OF PERMIT APPLIED FOR:

THE ABOVE NAME APPLICANT HEREBY REQUESTS PERMISSION TO CONDUCT/STORE THE FOLLOWING ACTIVITY/MATERIALS AT THE LOCATION INDICATED ABOVE: _____

NOTE: THIS IS A FIRE SAFETY PERMIT APPLICATION ONLY. IT SHALL BE THE APPLICANTS RESPONSIBILITY TO COMPLY WITH OTHER APPLICABLE PUBLIC SAFETY REQUIREMENTS.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS APPLICATION. I FURTHER ATTEST THAT THE INFORMATION ABOVE IS CORRECT AND THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT ON THE OWNERS BEHALF AND AS SUCH HEREBY AGREE TO COMPLY WITH ALL APPLICABLE REQUIREMENTS OF THE FIRE CODE AS WELL AS ANY CONDITIONS IMPOSED BY THE FIRE OFFICIAL. **AN ON-SITE INSPECTION WILL BE CONDUCTED PRIOR TO THE PERMIT BEING ISSUED.**

PRINTED NAME AND TITLE

SIGNATURE

Check Payable to: Township of Hamilton

FOR OFFICIAL USE ONLY		
FEE PAID: _____	CHECK #: _____	
DATE ISSUED: _____	EXPIRES: _____	PERMIT #: _____
OTHER APPROVALS: _____		
RECEIVED BY: _____	TITLE: _____	