## Colts Neck Fire Prevention Bureau 124 Cedar Drive Colts Neck NJ, 07722

MATTHEW YOUNG, FIRE OFFICIAL

E-mail: MYOUNG@COLTSNECK.ORG

Office (732) 462-9961'

Fax (732) 462-8460

## APPLICATION FOR FIRE SAFETY PERMIT

The N.J. State Fire Code N.J.A.C. 5:70-2.7(a) states:

"Permits shall be required and obtained from the local enforcing agency for the activities specified in this section, except where they are an integral part of a process or activity by reason of which a use is required to be registered and regulated as a life hazard use. Permits shall at all times be kept in the premises designated therein and shall at all times be subject to inspection by the Fire Official.

NOTE: Each individual act requires a separate permit. There are five (5) types of permits. Consult your local Fire Official for the types of permit(s) required and the fee schedule. The activity is not to take place unless the Fire Official has issued a permit. Conducting the activity before an inspection and receiving an approved permit will result in penalties and fines. Allow 2-3 weeks after filing an application for processing and scheduling of the inspection.

## Please PRINT all information clearly Applicant Name: \_\_\_\_\_\_Address: \_\_\_\_\_ Applicant Phone #: \_\_\_\_\_Applicant Email: \_\_\_\_\_ Event/Activity Location: Date(s) of the Event/Activity: \_\_\_\_\_\_\_Time of Event: \_\_\_\_\_ Event On-site contact: \_\_\_\_\_On-Site Phone #: \_\_\_\_ The above named applicant hereby requests permission to conduct the following activity at the indicated location (please describe): I hereby acknowledge that I have read this application, that the information given is correct and that I am the owner or duly authorized person 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 imposed by the Fire Official. Applicant Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_ MAKE CHECKS PAYABLE TO: COLTS NECK TWP. FIRE PREVENTION \*\*\*\*\*\*\* FOR OFFICE USE ONLY BELOW\*\*\*\*\*\*\*\*\*\*\*\*\* Permit Type: \_\_\_\_\_ Fee: \_\_\_\_ Check #: \_\_\_\_ Date Received: \_\_\_\_ Inspection Date: \_\_\_\_\_( ) Approved ( ) Denied ( ) Approved with conditions

Fire Official Signature