

Mansfield Township Bureau of Fire Prevention

Office of the Fire Official
Po Box 249
Columbus, NJ 08022
609-298-5325x102 fax 609-298-8429
Application for Permit

Application Date _____

PERMITS SHALL BE REQUIRED AND OBTAINED FOR ACTIVITIES SPECIFIED IN THE NEW JERSEY UNIFORM FIRE CODE. THE FIRE OFFICIAL MAY REVOKE A PERMIT IF, UPON INSPECTION, ANY VIOLATION OF THE CODE EXISTS, ANY CONDITION OF THE PERMIT HAS BEEN VIOLATED, OR THERE HAS BEEN ANY FALSE STATEMENT OR MISREPRESENTATION THEREOF.

Information regarding the location for which permit is requested. (please print or type)

Tax Block: _____ Lot: _____
Name of location or structure _____

Address: _____
Street address (no post office box) _____

Property Owner: _____
Corporation, partnership, or individual
Phone (____) _____ - _____ Cell (____) _____ - _____ Fax (____) _____ - _____

Applicant: _____
Corporation, partnership, or individual

Address: _____
Phone (____) _____ - _____ Cell (____) _____ - _____ Fax (____) _____ - _____

The above named applicant hereby requests permission to conduct the following activity at the indicated location on the following date(s) and time of event:

Date(s): _____ Time(s): _____

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly authorized to act as the owner's agent 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.

Signed _____ Title _____
Do not write below this line

Permit type: _____ fee: \$ _____ receipt # _____ Insp. Date _____

Inspector: _____ Approved: _____ Denied: _____ Permit #: _____