

Daniel P. Mulligan
Chief Fire Marshal

John P. Pasola
Fire Inspections

OCEAN COUNTY
OFFICE OF THE FIRE MARSHAL

P.O. Box 2191
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Telephone
732-370-7360
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APPLICATION FOR PERMIT

Tax Block: _____ Lot: _____ Application Date _____ 20_____

Municipality: _____

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

Information of location for which Permit is Requested: (Please Print or Type)

Address: _____ STREET

NAME OF LOCATION OR STRUCTURE

Property Owner: _____ STATE IF CORP., PARTNERSHIP, OR AS INDIVIDUAL
Address: _____ STREET & MUNICIPALITY
Phone # (H): _____ (B): _____

Applicant: _____ STATE IF CORP., PARTNERSHIP, OR AS INDIVIDUAL
Address: _____ STREET & MUNICIPALITY
Phone # (H): _____ (B): _____ Cell/Contact # _____

FULL DESCRIPTION OF ACTIVITY TO BE CONDUCTED:

Set Up Date & Time: _____ Actual Time of Event: _____ End Day/Time: _____

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 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

Print Name _____ Sign Name _____

DO NOT WRITE BELOW THIS LINE

Permit Type: _____ Fee: \$ _____ Receipt #: _____

Type 1 - \$54 Type 2 - \$214 Type 3 - \$427 Type 4 - \$641