



Fire Prevention Division

APPLICATION FOR PERMIT

FEE SCHEDULE: Type 1 - \$54.00; Type 2 - \$214.00; Type 3 - \$427.00; Type 4 - \$641.00

ALL PAYMENTS SHOULD BE MADE TO "CITY OF ASBURY PARK"

THE UNIFORM FIRE CODE:

"It shall be unlawful to engage in any business activity involving the handling, storage, or use of hazardous substances, materials, or devices; to maintain, store, or handle materials; to conduct processes which produce conditions hazardous to life or property; to install equipment used in connection with such activities; or to establish a place of assembly without first obtaining a permit from the fire official. (NJAC 5:70-2.7(a))

NOTE: Each individual act requires a separate permit. There are five (5) types of permits. You should consult your Fire Official for the number and types of permits required and for information on fees.

APPLICATION DATE: _____ PREMISES / EVENT NAME: _____

PREMISES / EVENT LOCATION: _____

EVENT DATE / DURATION: _____

APPLICANT:

Name: _____ State if Corporation, Partnership, or an Individual.

Address: _____ Phone # _____

The above named applicant hereby requests permission to conduct the following activity at the indicated location:

And for keeping storage, occupancy, sale, handling, or manufacture of the following: _____

(State quantities for each category to be stored, or used and the method stored or used.) _____

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 ON THE OWNERS 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.

SIGNED TITLE

OFFICIAL USE ONLY BELOW THIS LINE

DATE: _____ PERMIT #: _____ PERMIT TYPE: _____

EXPIRATION DATE: _____ PERMIT FEE: _____ MONEY ORDER: _____ CHECK #: _____

800 Main Street, Asbury Park, NJ 07712-5987 Ph. (732) 774-7400 Fax (732) 775-7681 [Email: Fire@CityofAsburyPark.com](mailto:Fire@CityofAsburyPark.com)