



County of Gloucester
Department of Emergency Response
Office of the Fire Marshal
212 County House Road
Clarksboro, New Jersey 08020

TEL: (856) 307-7137

FAX: (856) 307-6621

The Uniform Fire Code 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.” [N.J.A.C. 5:70-2.7(a)]

DATE OF APPLICATION: _____

LOCATION WHERE ACTIVITY WILL OCCUR: _____

DATE: _____ TIME: _____

APPLICANT NAME: _____ ADDRESS: _____

ORGANIZATION NAME: _____

PHONE / FAX NUMBER: _____ EMERG. #: _____

BLOCK/LOT: _____ REGISTRATION #: _____

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

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

(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 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

Fire Official/Marshal Signature

Fee Amount

Permit Type

CHECK#: _____

DATE RECEIVED: _____