



# COLLINGSWOOD FIRE DEPARTMENT OFFICE OF FIRE PREVENTION & INSPECTION BUREAU



434 Haddon Avenue  
Collingswood, New Jersey 08108

P. (856) 854-7447  
F. (856) 854-1279

Geoffrey T. Joyce  
Fire Official

## PERMIT APPLICATION

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF ACTIVITY: \_\_\_\_\_

LOCATION OF ACTIVITY: \_\_\_\_\_

The above name applicant has hereby requested permission to conduct the following activities at the above listed location:

\_\_\_\_\_

For keeping, storage, occupancy, sale, handling, or manufacturing of the following: (if applicable)

\_\_\_\_\_

\_\_\_\_\_

State quantities for each category to be stored or used and the method in which it will be stored or used: (if applicable)

\_\_\_\_\_

\_\_\_\_\_

I hereby acknowledge that I have read the application, information given is correct, and that I am the owner of, or duly authorized to act on 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 Marshal:

Applicant Print

Applicant Signature

Date

Permit Type:

Fee Amount: \$