



**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

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

SITE CONTACT NAME: _____

PHONE NUMBER: _____ DATE OF ACTIVITY: _____

LOCATION OF ACTIVITY: _____ START TIME: _____

BUSINESS NAME: _____ UNIT: _____

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

HOT TAR KETTLE / TORCH DOWN ROOF

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, 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: I

Fee Amount: \$110.00