

Maywood Fire Prevention
15 Park Avenue
Maywood, New Jersey 07607
201-845-2900

**APPLICATION
FOR
PERMIT
LOCATION INFORMATION**



MUNICIPAL CODE: 0234 - _____ REGISTRATION #: _____

Name: _____ Street Address: _____

Municipality: Maywood, Bergen County, New Jersey 07607

Telephone No: _____ Email: _____ Fax No: _____

Applicant's Name: _____ Applicant's Home Street Address: _____

Municipality: _____ County: _____

State: _____ Zip Code: _____ Telephone No: _____ Email / Fax: _____

() Permit request for following date(s): _____

() Permit requested on annual basis – Expiration Date: _____

NOTE: Attach additional signed sheet if space is insufficient

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

And / or for the storage, occupancy, use, sale, handling or manufacturing of the following:

State quantities and method for each category to be stored or used:

**ALL OPEN FLAME DEVICES MUST BE KEPT 5 FEET FROM ANY STRUCTURES and
A 10lbs ABC Type FIRE EXTINGUISHER MUST BE LOCATED WITHIN 10 FEET OF THE DEVICE.**

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed, and, if not, this permit may be revoked and I will be subject to penalties as provided by law.

Applicant's Signature

Print Name/Title

Date

Permit Type: _____

Fee: _____

Payment Type: _____

Ck # _____

Inspector: _____

Date/Notes: _____