

**BUREAU OF FIRE PREVENTION
CITY OF LAMBERTVILLE
18 YORK STREET
LAMBERTVILLE, NJ 08530
(609) 397-0803
FAX: (609) 397-2203**

FIRE SAFETY PERMIT APPLICATION

APPLICANT

Name:		
Address:		
Telephone Number:	Proposed Date:	
Location of Where Activity Will Occur:		
Application Date:	Type of Permit Applied For:	Inspector:

THE ABOVE NAMED APPLICATION HEREBY REQUESTS PERMISSION TO CONDUCT/STORE THE FOLLOWING ACTIVITY/MATERIALS AT THE LOCATION INDICATED ABOVE:

NUMBER OF PROPANE TANKS: _____ CAPACITY OF EACH TANK: _____

PERMIT FEE: \$42.00 (Make Check Payable to: City of Lambertville)

NOTE: THIS IS A FIRE SAFETY PERMIT ONLY. IT IS THE APPLICANT'S RESPONSIBILITY TO COMPLY WITH OTHER APPLICABLE HEALTH, POLICE, BUILDING OR CONSTRUCTION, ETC. REQUIREMENTS.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, AND THAT 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.

TITLE

SIGNED

FOR OFFICIAL USE ONLY – (Fill out all sections and attach copies)

Fee Paid: _____
Expires: _____

Check #: _____
Permit #: _____

Date Issued: _____

Other Approvals: _____

Received By: _____ Title: _____