

**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

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

Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Expires: \_\_\_\_\_ Permit #: \_\_\_\_\_

Other Approvals: \_\_\_\_\_  
Received By: \_\_\_\_\_ Title: \_\_\_\_\_