

**BERKELEY HEIGHTS FIRE PREVENTION BUREAU**  
**29 PARK AVE, BERKELEY HEIGHTS, NJ 07922**  
 PHONE NUMBER 908-464-0800 EXT. 13 FAX NUMBER 908-464-2329

**APPLICATION FOR PERMIT**

**LOCATION INFORMATION**

Municipal Code# 2001-001	Registration Number:
Name:	Street Address:
Municipality:	Owner:
State: NJ      Zip Code: 07922	Phone number:

**APPLICANT INFORMATION**

Applicant's name:	Street Address:
Municipality:	E-mail:
State:      Zip Code:	Phone number:

**Permit requested for following date(s):**

**Time:**

**Permit requested for one year. 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 or material to be stored or used:

\_\_\_\_\_

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

Applicant's name	Title	Date
<i>See reverse side for information concerning your administrative rights</i>		

Make check payable to: **Township of Berkeley Heights: 29 Park Avenue, Berkeley Heights NJ 07922**

<b>FOR OFFICIAL USE ONLY</b>			
Permit Type	<input type="checkbox"/> Conditions imposed	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved pending payment of \$

**Permit fees Type 1- \$54.00, Type II - \$214.00, Type III - \$427.00, Type IV \$641.00**