

PLUMSTED TOWNSHIP FIRE DISTRICT #1

Office of the Fire Marshal

Fire Marshal Mitchell Remig, CFEI

59 Main Street – PO Box 267, New Egypt, NJ 08533

Office: 609-758-3920 | Fax: 609-758-3921

Email: plumsted39fm@gmail.com | Website: plumstedfiredistrict.com/fire_marshal.html

APPLICATION FOR FIRE SAFETY PERMIT

A NEW APPLICATION MUST BE SUBMITTED FOR EACH EVENT

****PAYMENT MAY BE SENT TO THE FIRE BUREAU OR ACCEPTED ON THE DAY OF THE EVENT IN THE FORM OF CASH OR CHECK ****

"Permits shall be required, and obtained from the local enforcing agency for the activities specified in this section, except where they are integral part of process or activity by reason of which a use is required to be registered and regulated as a life hazard use. Permits shall at all times be kept in the premises designated therein and shall at all times be subject to inspection by the Fire Official" [N.J.A.C. 5:70-2.7(a)]

DATE OF APPLICATION

DATE OF EVENT

LOCATION OF EVENT

TIME OF OPERATION

APPLICANT/ OWNER/ BUSINESS CONTACT

PRIMARY CONTACT PHONE NUMBER

PRIMARY CONTACT EMAIL

NAME OF EVENT SPONSOR

SECONDARY CONTACT PHONE NUMBER

SECONDARY CONTACT EMAIL

ORGANIZATION/ BUSINESS NAME (dba if applicable)

APPLICANT/ ORGANIZATION/ BUSINESS ADDRESS (Include City, State and Zip Code)

TYPE OF BUSINESS/ DESCRIPTION OF ACTIVITIES/ SERVICES
(i.e. - food truck with suppression system, bonfire, open burn, etc.)

****You MUST provide any inspection reports with this application which are required to conduct your activities****

(Fire Extinguishers, hood cleaning, suppression inspections, etc.)

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION PROVIDED IS CORRECT, AND THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT ON THE OWNER'S BEHALF AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE CODE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE MARSHAL OR INSPECTOR.

The Fire Marshal and/ or Fire Inspector may revoke a Permit if, upon inspection, any violation of the code exists or conditions of the Permit has been violated or there has been any false statement or misrepresentation is found on the application.

Signature

Date

THIS FORM, WITH ALL ACCOMPANYING DOCUMENTS, SHALL BE MAILED OR EMAILED TO plumsted39fm@gmail.com PRIOR TO THE EVENT DATE

DO NOT WRITE BELOW THIS LINE

Permit Type: _____ Fee: \$ _____ Paid: Y / N / NA Type: Cash / Check (# _____) Date of Inspection: _____ Valid to: _____

Fire Inspector: _____ Inspector Signature: _____ APPROVED / DENIED Rep. Signature: _____