

Edgewater Park Township
Bureau of Fire Prevention
400 Delanco Road
Edgewater Park, NJ 08010
Phone: 609-877-8812

Application
For
Permit

All information is required

Event Information

Event Name:	Event Start & Finish Times:
Facility Name:	Address:
Municipality: Edgewater Park Township	

Applicant Information

Name:	Business Name:	
Business Address:	Municipality:	Zip:
County:	State:	Business Phone:
Cell Phone:	Email Address:	
Date(s) Requested for This Application:		

The applicant requests permission to conduct the following activity:

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

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

I hereby acknowledge that the information given is correct and agree to comply with all requirements of the New Jersey Uniform 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.

_____	_____	_____
Applicants Name- Print	Applicants Name- Signature	Date

To help understand your request for a 'Fire Code Permit', please fill out the next page of requested information and return with your application.

Please Note: Application must be returned a minimum of 14 days prior to the event date. An invoice will be emailed to you. You may choose to pay by check, money order, or online via the link attached to the invoice. If mailing a check or money order, please send it to the above address and put it for the attention of the Fire Official.

Outdoors

Will you be using a tent or canopy (please check one): Yes ___ No ___

What is the dimension of the tent or canopy: _____

How will you be cooking (please check one): Grilling ___ Deep Frying ___ Other (explain below) _____

Please list other: _____

What will you be cooking: _____

Type of Appliance: _____ Type of Fuel: _____

Cooking will not be on site, just keeping prepared food warm by use of sterno devices (please initial) _____

Will a generator be utilized for electrical power (please check one): Yes ___ No ___

Will any other electrical appliance(s) be used under tent or canopy: _____

Indoors

Cooking will not be on site, just keeping prepared food warm by use of sterno devices (please initial) _____

If tables and chairs are being used, provide a layout sketch showing where tables, chairs, or combinations will be located, and many people are to be seated at each one. Include information such as:

Table dimensions such as: Round tables with how many chairs per table, rectangle tables with how many per table.

Just chairs: Show how chairs will be arranged with aisles in between and a total number expected.

Provide a sketch below of: Layout of setup (including tent layout), or layout of table/chair or chair arrangement of the tent, canopy, or room within a facility that you will be using along with:

TOTAL NUMBER OF PEOPLE EXPECTED _____

FOR OFFICIAL USE ONLY

Permit Type: _____ Approved: () Conditions Imposed: () Denied: ()

Fire Official Signature: _____ Date: _____