

Bert Steinmann, Mayor



Michael Nelson
Fire Marshal

EWING TOWNSHIP FIRE DEPARTMENT

Bureau of Fire Prevention

1666 PENNINGTON ROAD, EWING, NJ 08628 OFFICE (609) 882-9885 Ext 112 CELL (609)462-8791 EMAIL – mnelson@ewingnj.org

LOCATION INFORMATION

Business Name:			
Street Address:			
Municipality:	County: <p style="text-align: center;">Mercer</p>	State: <p style="text-align: center;">NJ</p>	Zip Code:
Block:	Lot:	Telephone Number:	Email:

APPLICANT INFORMATION

Applicant's Name:			
Applicant's Address:			
Municipality:	County: <p style="text-align: center;">Mercer</p>	State: <p style="text-align: center;">NJ</p>	Zip Code:
Telephone Number:		Email:	

Permit requested for following date(s) & times: _____

Permit requested on annual basis – Expiration Date: _____

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 to be stored or used:

I hereby acknowledge that the information given is correct and agree to comply with the applicable requirements of the 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.

_____	_____	_____
Applicant's Signature	Title	Date

FOR OFFICIAL USE ONLY	
Permit Type: _____	[] Conditions imposed [] Denied [] Approved pending payment of \$_____ [] Approved