



**Township of Maple Shade
Fire Department**

Office of the Fire Marshal

200 Stiles Avenue
Maple Shade, NJ 08052
856-779-9610

PERMIT APPLICATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CONTACT NAME: _____

PHONE NUMBER: _____ DATE OF ACTIVITY: _____

LOCATION OF ACTIVITY: _____

The above name applicant has hereby requested permission to conduct the following activities at the above listed location:

For keeping, storage, occupancy, sale, handling, or manufacturing of the following: (if applicable)

State quantities for each category to be stored or used and the method in which it will be stored or used: (if applicable)

I hereby acknowledge that I have read the application, information given is correct, and that I am the owner of, or duly authorized to act on 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 Marshal:

Applicant Print

Applicant Signature

Date

Permit Type:

Fee Amount: \$