



**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: _____ EMAIL: _____

LOCATION OF ACTIVITY: _____ DATE OF ACTIVITY: _____

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

OUTDOOR FIREPLACE _____

Approval is contingent upon adherence to the following conditions:

1. Must be in an approved container with an ember suppressing lid
2. Shall only burn clean, dry, untreated hard wood.
3. Must be located fifteen (15) feet from any structure not on the same property, and ten (10) feet from any structure on the same property.
4. Must not cause a nuisance to neighbors.
5. The use of flammable liquids or accelerants is prohibited.
6. Burning trash, trees, brush, grass, leaves or any other material other than clean wood is prohibited.
7. Must have a working garden hose or Class A fire extinguisher on hand near the outdoor fireplace.
8. This permit must be on hand for inspection during use.

I hereby acknowledge that I have read the application, information given is correct, and that I am the owner of, 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: I

Fee Amount: \$54.00