

Office of the Fire Marshal

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

PERMIT APPLICATION

HOMEONWER NAME:			
ADDRESS:			
PHONE NUMBER:	EMAIL:		
LOCATION OF ACTIV	ITY:		
The above named applic above listed location:	ant has hereby requested permission to co	nduct the following activities at the	
OUTDOOR FIREPLAC	E		
Approval is contingent u	pon adherence to the following condition	s:	
	The state of the s		
	elean, dry, untreated hard wood.		
	fifteen (15) feet from any structure not on	the same property, and ten (10)	
feet from any structure o	1 1 V		
	nuisance to neighbors. nable liquids or accelerants is prohibited.		
	ees, brush, grass, leaves or any other mate	erial other than clean wood is	
prohibited.	ces, ordsh, grass, leaves of any other mate	irai other than clean wood is	
•	king garden hose or Class A fire extinguis	sher on hand near the outdoor	
fireplace.			
	be on hand for inspection during use.		
owner of, duly authorize	at I have read the application, information d to act on the owner's behalf and as such of the fire code as well as any specific co	hereby agree to comply with the	
Applicant Print	Applicant Signature	Date	
Permit Type: I		Fee Amount: \$54.00	