



**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:

**STORAGE OF COMPRESSED GAS**

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: IV

Fee Amount: \$641.00