



## Township of Maple Shade

### Office of the Fire Marshal

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

## **PERMIT APPLICATION**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ 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: \$