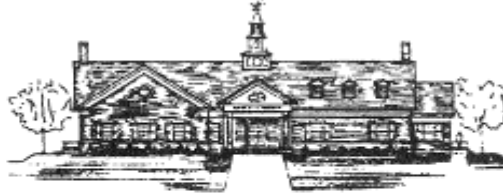


MAYOR
Peter Bylone

(856) 697-2100
(609) 561-5650
FAX: (856) 697-8651

ADMINISTRATOR/CMFO
Dawn Gorman



BUENA VISTA TOWNSHIP

P.O. BOX 605, 890 HARDING HIGHWAY
BUENA, NEW JERSEY 08310

E-mail: buenavst-fireinspector@comcast.net

TOWNSHIP COMMITTEE

Sue Barber
Chuck Chiarello
Richard Harlan
Teresa Kelly

FIRE PREVENTION BUREAU

FIRE MARSHAL
Brian Murray

APPLICATION FOR FIRE SAFETY PERMIT

PERMIT LOCATION INFORMATION

Name of Business, Structure, Premises Phone#

Physical Address, City State Zip

APPLICANT INFORMATION

Name Daytime Phone#

Address City State Zip

PERMIT INFORMATION

Permit requested for following dates: _____

Permit requested for one-year term: _____

The above named applicant hereby requests permission to conduct the following **activity** at the above stated location:

And/or for the storage, occupancy, use, sale, handling or manufacturing of the following: (example: type of flammables)

Please list quantities and method for each category of material to be stored or used:

I hereby acknowledge that the information given on this application is correct, and agree to comply with the applicable requirements of the New Jersey Uniform Fire Code as well as any specific conditions imposed, and, if not, this permit may be revoked and will be subject to penalties as provided by law. [N.J.A.C. 5:70-2.7(a)]

Applicant Signature Date Title

Make Payment to: Buena Vista Township Fire Prevention
890 Harding Hwy
PO Box 605
Buena NJ 08310

For Official use only Permit Type _____ Fee \$ _____ Approved _____