



CITY OF CAMDEN
FIRE DEPARTMENT
FIRE MARSHAL'S OFFICE
 4 North 3rd Street Camden, New Jersey 08102
 PHONE (856)757-7510 FAX (856) 757-7243



Braulio Villegas
Chief Fire Marshal

APPLICATION FOR FIRE SAFETY PERMIT

PLEASE TYPE OR PRINT ALL INFORMATION Date of Application: _____

Name of Applicant: _____ (First, MI, Last) _____

Applicant's Address: _____, City/State: _____ Zip Code: _____

Applicant's Phone Number: _____ Emergency Number: _____

Name of Premises or Facility: _____

Address/Location work will be performed: _____

Length of time requested for permit: _____ Date of Event: _____

Type of Permit: Type Type 2 Type 3 Type 4 Type 5

Fee: _____

The above name applicant hereby requests permission to conduct the following activity at the above indicated location.

And for the keeping, storage, occupancy, sale, handling or manufacture of the following:

(State quantities for each category to be stored, or used and the method store or used)

I hereby acknowledge that I have read this application, that the information given is correct and that I am the owner, or duly authorized to act in the owner, or duly authorized to act in 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 this Fire Official.

Applicant Signature: _____

Payment required upon application made payable to City of Camden. Payment must be made in check or money order.

Fire Department Member Receiving Application

Date of Received

Fire Official Signature

Occupancy ID: