



**CITY OF CAMDEN  
FIRE DEPARTMENT  
FIRE MARSHAL'S OFFICE**  
4 North 3<sup>rd</sup> Street Camden, New Jersey 08102  
Phone (856) 757-7510 Fax (856) 757-7243  
EMAIL: DaMunoz@ci.camden.nj.us



**David Muñoz**  
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: \_\_\_\_\_