



# Carlstadt Fire Department

## Bureau of Fire Safety

Fire Official Anthony M. Silletto III

500 Madison Street, Carlstadt, NJ 07072

Phone: (201) 460-3942

firesafety@carlstadtnj.us

www.carlstadtfld.org/firesafety

### APPLICATION FOR PERMIT

The Uniform Fire Code states:

“Permits shall be required, and obtained from the local enforcing agency for the activities specified in this section, except where they are an integral part of a process or activity by reason of which a use is required to be registered and regulated as a life hazard use. Permits shall at all times be kept in the premises designated therein and shall at all times be subject to inspection by the fire official.” [N.J.A.C. 5:70-2.7(a)]

Date of Application: \_\_\_\_\_ Occupancy ID: \_\_\_\_\_

Location where activity will occur: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Applicant Information:

Organization Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Emergency #: \_\_\_\_\_

The above listed applicant hereby requests permission to conduct the following activity at the above indicated location:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

State quantities for each category to be stored, or used, and the method stored 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'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 official.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Fire Official Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Fee Amount

\_\_\_\_\_  
Permit Type