

FOR WANTAGE TOWNSHIP USE
Vernon Township Bureau of Fire Prevention



21 Church Street
Vernon, New Jersey, 07462
Email: firemarshal@vernontwp.com



Phone: 973-764-4055 ext 2271

Fax: 973-764-4167

Application for Permit

Event Location Information

Name: _____ Address: _____

City: _____ Phone: _____

Applicant Information

Name: _____ Address: _____

Business Name: _____

City: _____ State: _____ Zip Code: _____

() Permit Requested for Following Date(s): _____

() Permit requested for one year- Expiration Date: _____

Note: Attach Additional signed sheet if space is insufficient

The above named applicant hereby request permission to conduct the following activity at the above location:

State the quantities and method for each category or material to be used and or stored. Also the storage, occupancy, use sale, handling or manufacturing of the following.

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the New Jersey Fire Code as well as any specific conditions imposed, and if not, this permit may be revoked and I will be subject to penalties as provided by law.

Applicants Signature Print Name Title Date

Make Check Payable to: Vernon Township Fire Prevention Bureau

Office Use Only

Permit Type _____ () Conditions Imposed () Denied () Approved \$ _____ Fee Check or Money Order # _____ Received By: _____

Permit Fee Type 1 \$42.00 Type 2 \$166.00 Type 3 \$331.00 Type 4 \$444.00

Fire Inspector _____

WANTAGE TOWNSHIP CONTRACTS WITH VERNON
FOR FIRE PREVENTION BUREAU SERVICE