

Oradell Borough Oradell Fire Prevention Bureau 355 Kinderkamack Road Oradell, NJ 07649 Phone: 201-261-8200 x266

Application for Fire Permit

Location Information

Oradell State: Zip Code: Telephone: NJ 07649 Applicant Information Name: Address: City: County: State: Zip Code: Telephone: Permit Requested for following Dates Start Date: End Date: Permit Requested for one year End Date: NOTE: Attach additional signed sheet if space is insuffice.	
Oradell State: Zip Code: Telephone: NJ 07649 Applicant Information Name: County: City: County: State: Zip Code: Telephone: Permit Requested for following Dates Start Date: End Date: Permit Requested for one year End Date: NOTE: Attach additional signed sheet if space is insuffice.	ient
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	vity at the above location:
The above named applicant hereby requests permission to conduct the following activ	•
	<u> </u>
And/or for the storage, occupancy, use, sale, handling or manufacturing of the following	ng:
out the standard or mode	
State quantities and method for each category or material to be stored or used:	
I hereby acknowledge that the information given is correct, and agree to comply with the New Jersey Uniform Fire Code as well as any specific conditions imposed, and revoked and I will be subject to penalties as provided by la	g, if not, this permit may be
Applicants Signature Title	Date
MAKE CHECKS PAYABLE TO Borough of Oradell	AND MAIL TO:
355 Kinderkamack Road Oradell NJ, 07649	
FOR OFFICIAL USE ONLY	1000
Permit Type: Conditions Imposed Denied Approved Pending Pay	vment of \$

Fire Marshall / Fire Inspector