GALLOWAY TOWNSHIP
OFFICE OF THE FIRE OFFICIAL

300 East Jimmie Leeds Road, Galloway Township, N.J. 08205
(609) 652-3700 ext.240 Fax (609) 652-5259

Ron Garbutt
Fire Official

APPLICATION FOR PERMIT

LOCATION INFORMATION

MUNICIPAL CODE: **0111**		REGISTRATION #
NAME:		STREET ADDRESS:
MUNICIPALITY: **GALLOWAY**		COUNTY: **ATLANTIC**
STATE: **NEW JERSEY**	ZIP CODE:	PHONE: ( ) -

APPLICANT INFORMATION

NAME:		STREET ADDRESS:	
MUNICIPALITY:		COUNTY:	
STATE:	ZIP CODE:	PHONE # ( ) -	FAX #

[ ] 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 requests permission to conduct the following activity at the above location:

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the New Jersey Uniform 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.

_____ _____ _____
Applicant's Signature Title Date

MAKE CHECK PAYABLE TO: GALLOWAY TOWNSHIP

FOR OFFICIAL USE ONLY

PERMIT TYPE:
[ ] APPROVED PENDING PAYMENT OF $ _____
[ ] DENIED
[ ] CONDITIONS IMPOSED

_____
Fire Official Signature