



MIDDLESEX COUNTY FIRE MARSHAL
1001 Fire Academy Drive
Sayreville, NJ 08879

Phone: 732-316-7183 Fax: 732-721-7486
E-mail: firemarshal@co.middlesex.nj.us

APPLICATION FOR TYPE II - FIRE WORKS PERMIT

APPLICANT INFORMATION		
Name:		Today's Date:
E-mail:	Phone:	Fax:
LOCATION INFORMATION		
Sales Start Date:		Time of Operation:
Location/Business Name:		
Address:		
City:		Time Ready for Inspection:
ON SITE OR EMERGENCY CONTACT		
Name person who will be on site:		
Cell Phone:		
COMPANY INFORMATION		
Name:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
ITEMS FOR PERMIT (CIRCLE ALL THAT APPLY)		
Fire Works Sales		
Other (please explain):		
IMPORTANT!!		
THERE <u>MUST BE A FIRE EXTINGUISHER ON SITE</u> OR PERMIT WILL NOT BE ISSUED.		
Comments or additional information:		
SIGNATURES		
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.		
Signature of applicant:		Date:
Signature of Fire Marshal:		Date:
DO NOT WRITE BELOW THIS SPACE FOR OFFICE USE ONLY		
Fee Amount: \$214.00	Paid:	Check #
		Permit Type II