



# MONROE TOWNSHIP FIRE DISTRICT #2

10 Halsey Reed Road  
Monroe Twp., NJ 08831

Phone: 609-395-6830 Fax: 609-395-0483  
E-mail: fireofficial@station57.org

## APPLICATION FOR PERMIT

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### EVENT LOCATION INFORMATION

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Event Name (if applicable): \_\_\_\_\_

Address of Event \_\_\_\_\_

Time Ready for Inspection: \_\_\_\_\_

### ON SITE OR EMERGENCY CONTACT

Name person who will be on site: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### VENDOR OR ORGANIZATION INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### ITEMS FOR PERMIT (CHECK ALL THAT APPLY)

Propane  Open Flame  Tent  
 Bounce House  Generator  Bonfire

### IMPORTANT!!

ANY COOKING OPERATIONS AND/OR USE OF GENERATORS **MUST** HAVE A FIRE EXTINGUISHER ON SITE  
OR A 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 NJ Uniform Fire Code as well as any specific conditions imposed by the fire official.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Fire Official: \_\_\_\_\_ Date: \_\_\_\_\_  
Scott J. Volkmann, CFEI, IAAI-FIT

### DO NOT WRITE BELOW THIS SPACE FOR OFFICE USE ONLY

Fee Amount: \_\_\_\_\_ Paid: \_\_\_\_\_ Check # \_\_\_\_\_  
Permit Type: \_\_\_\_\_