

**BRIGANTINE FIRE DEPARTMENT
1417 WEST BRIGANTINE AVENUE
BRIGANTINE, NJ 08203
609-266-3102**

FIRE PERMIT APPLICATION

Registration # _____

Date Of Application: ___ / ___ / ___

Business Name: _____

Address: _____

Phone #: _____

The above listed applicant hereby makes application for:

Date(s) Permit requested for: _____

PROPERTY ADDRESS: _____

Details regarding the above request must be filed when application is made and whenever requested by the Fire Official. It is the applicant's responsibility to ensure that conditions are in accordance with applicable State and Local fire regulations.

Applicant's Signature

Date

FOR DEPARTMENT USE ONLY

Date Issued: _____

Permit #: _____

Fee: \$ _____ () Paid

Fire Official