



**Township of Pennsauken  
Fire Department**

**Office of the Fire Marshal**

2215 Merchantville Avenue  
Pennsauken, NJ 08110  
856-665-0774

## **PERMIT APPLICATION**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF ACTIVITY: \_\_\_\_\_

LOCATION OF ACTIVITY: \_\_\_\_\_

The above name applicant has hereby requested permission to conduct the following activities at the above listed location:

### **PERMANENT COOKING OPERATION WITH GREASE LADEN VAPORS**

For keeping, storage, occupancy, sale, handling, or manufacturing of the following: (if applicable)

I hereby acknowledge that I have read the application, information given is correct, and that I am the owner of, or duly authorized to act on 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 Marshal:

**Applicant Print**

**Applicant Signature**

**Date**

Permit Type: I

Fee Amount: \$110.00