



Township of Parsippany-Troy Hills

Division of Fire Prevention

EMERGENCY
POLICE FIRE MEDICAL
DIAL 911

Physical Address: 1130 Knoll Road, Lake Hiawatha, NJ 07034
Mailing Address: 1001 Parsippany Blvd., Parsippany, NJ 07054
Business Phone: (973)263-7166 Business Fax: (973)334-0307
www.parsippany.net

APPLICATION FOR PERMIT

The Uniform Fire Code states:

“Permits shall be required, and obtained from the local enforcing agency for the activities specified in this section, except where they are an integral part of a process or activity by reason of which a use is required and regulated as a life hazard use. Permits shall at all times be kept in the premises designated therein and shall at all times be subject to inspection by the Fire Official.” [N.J.A.C. 5:70-2.7(a)]

Date of Application: _____ Block: _____ Lot: _____
Location where activity will occur: _____
Date(s) of Activity: _____ Time: _____
Applicants Name: _____ Address: _____
Organization Name: _____ Address: _____
Phone/Fax Number: _____ Emergency #: _____

The above applicant hereby requests permission to conduct the following activity at the above indicated location:

And for the keeping, storage, occupancy, sale, handling or manufacture of the following:

(State quantities for each category to be stored, or used and the method stored or used):

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 with the applicable requirements of the Fire Code as well as any specific conditions imposed by the Fire Official.

Applicants Signature Fire Official

Permit Type Fee Amount Date Check Number