



Cranford Township
Bureau of Fire Prevention & Risk
Management
7 Springfield Avenue Cranford, NJ
07016
Phone: (908) 709-7360
firehouse@cranfordnj.org

Application for Fire Permit

Location Information

Name:		Address:
City:		Room/Area to be used:
State:	Zip Code:	Telephone:

Applicant Information

Name:		Address:
City:		E-Mail:
State:	Zip Code:	Telephone:

- ☐ Permit Requested for following Dates Start Date: _____ End Date: _____
- ☐ Permit Requested for one year End Date: _____

NOTE: Attach additional signed sheet if space is insufficient

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

And/or for the storage, occupancy, use, sale, handling or manufacturing of the following:

State quantities and method for each category or material to be stored or used:

I hereby acknowledge that the information given is correct, and agree to comply with applicable requirements of the New Jersey Uniform Fire Code as well as any specific conditions imposed, and, if not, this permit may be revoked and I will be subject to penalties as provided by law.

Applicants Signature

Title

Date

MAKE CHECKS PAYABLE TO

Township of Cranford

AND MAIL TO:

7 Springfield Avenue
Cranford NJ, 07016

FOR OFFICIAL USE ONLY

Permit Type: _____ [] Conditions Imposed [] Denied Approved Pending Payment of \$ _____

Fire Official