



Wildwood City
City of Wildwood Fire Prevention
Bureau
4400 New Jersey Ave
Wildwood, NJ 08260
Phone: (609) 846-2030

Application for Fire Permit

Location Information

Mun Cd:	Block:	Lot:	Qual:	Registration#:
Name:			Address:	
City:			County:	
State:	ZipCode:		Telephone:	

Applicant Information

Name:		Address:
City:		County:
State:	ZipCode:	Telephone:
Email:		

Permit Requested for following Dates: Start Date: _____ End Date: _____
 Mobile Food Truck / Trailer Last Gas Piping Inspection 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.

ApplicantsSignature

Title

Date

MAKE CHECKS PAYABLE TO _____ AND MAIL TO:

City of Wildwood
4400 New Jersey Ave
Wildwood NJ, 08260

FOR OFFICIAL USE ONLY

Permit Type: _____ Conditions Imposed Denied ApprovedPending Payment of \$ _____
