# **TYPE I Permit - \$54 Fee**

## Please read, understand and comply prior to applying for this permit. If there are any questions, please ask staff members during permit application process.

#### NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED.

PERMITS MUST BE RECEIVED BY THIS OFFICE 10 BUSINESS DAYS BEFORE DATE OF EVENT. ANY PERMITS BEING SUBMITTED TO THIS OFFICE INSIDE THE 10 BUSINESS DAY WINDOW TO PLEASE CONTACT THE OFFICE OF THE FIRE MARSHAL 732-370-7360.

ALL PERMIT APPLICATIONS MUST BE FILLED OUT ONLINE BY SELECTING THE TYPE OF PERMIT BEING REQUESTED BELOW. ONCE YOUR APPLICATION IS COMPLETED YOU MUST PRINT THE APPLICATION, SIGN AND MAIL IT ALONG WITH YOUR CHECK FOR THE APPROPRIATE AMOUNT.

Please make your check payable to "OCEAN COUNTY FIRE MARSHAL"

#### All bonfires must be ignited and extinguished according to the times on the permit.

- Responsible adult applying for this permit must remain at the bonfire site throughout the duration of the event. The responsible adult must be 18 years of age or older. (Identification and contact number may be required)
- 2. Ignition and suppression times will be strictly adhered to. Failure to adhere to the times indicated on the permit and application may cause revocation of permit and denial of the event.
- 3. There will be no refunds for cancellation of the event.
- 4. Suppression of the bonfire due to unsafe conditions, weather conditions or failure to comply with official instructions may cause revocation and/ or denial of the event.

Please mail your application and check to: Ocean County Fire Marshal PO Box 2191 Toms River, NJ 08754-2191 DENNIS M. ALLEN CHIEF FIRE MARSHAL

### OCEAN COUNTY OFFICE OF THE FIRE MARSHAL

TELEPHONE 732-370-7360

FAX 732-370-7370



OCEAN COUNTY FIRE MARSHAL P.O. BOX 2191 TOMS RIVER, NJ 08754 Lag BaOmer Permit

**Municipality: Lakewood** 

**Application Date:** 

PERMITS SHALL BE REQUIRED AND OBTAINED FOR ACTIVITIES SPECIFIED IN THE NEW JERSEY UNIFORM FIRE CODE. THE FIRE MARSHAL MAY REVOKE A PERMIT IF UPON INSPECTION ANY VIOLATION OF THE CODE EXISTS OR CONDITIONS OF THE PERMIT HAS BEEN VIOLATED, OR THERE HAS BEEN ANY FALSE STATEMENT OR MISREPRESENTATION.

OCATION	OWNER:				
	Y OWNER:			ST	ATE IF:
	(Street and Municipality):			51	ALL IF.
TELEPHONE #:		CELL #:		EMAIL:	
PPLICAN	T INFORMATION:				
	NT/BUSINESS NAME:				
ADDRESS	(Street and Municipality):				
TELEPHONE #:		CELL #:	CELL #: EMAIL:		
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