

Borough of Laurel Springs - Local Enforcing Agency # 0420-001

Office of the Fire Official 135 Broadway  
Bureau of Fire Prevention Laurel Springs, NJ 08021  
Phone: 856-784-0500 Fax: 856-784-5880

APPLICATION FOR PERMIT

LOCATION INFORMATION

MUNICIPAL CODE: 0420	REGISTRATION #:
NAME: Cord Mansion Greene - WaltFEST	STREET ADDRESS: 723 West Atlantic Ave. Laurel Springs NJ 08021
MUNICIPALITY: Laurel Springs	COUNTY: Camden
STATE: NJ	ZIP CODE: 08021
	AREA CODE & PHONE #: n/a

APPLICANT INFORMATION

APPLICANT'S NAME:	APPLICANT'S HOME STREET ADDRESS:
MUNICIPALITY:	COUNTY:
STATE:	ZIP CODE:
	AREA CODE & PHONE #:

Permit requested for following date(s): Saturday, June 4, 2016  
 Permit requested for one year - Expiration 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:

Cooking food with: \_\_\_\_\_

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

n/a

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

n/a

I hereby acknowledge that the information given is correct, and agree to comply with the 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.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Applicant's Signature Title Date

See reverse side for information concerning your administrative appeal rights.

\$45.00

MAKE CHECK PAYABLE TO "Borough of Laurel Springs" AND MAIL TO:

135 Broadway  
Laurel Springs, NJ 08021  
FOR OFFICIAL USE ONLY

Permit Type: _____	<input type="checkbox"/> Conditions Imposed	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved pending payment of \$ _____*
*Call Laurel Springs Borough Hall to determine permit fee amount			

\_\_\_\_\_  
Fire Official Signature