



Caldwell Fire Prevention Office

30 Roseland Avenue
Caldwell, New Jersey 07006
Phone: 973-403-4629
Fax: 973-226-9142
Email: fireofficial@caldwell-nj.com



Permit Application

Please fill out and contact fire prevention bureau

Activity Location:

APPLICANT INFORMATION

Applicant's Name: _____

Home Address: _____

Phone: _____

Permit requested for following date(s): _____

Permit requested for one year – Expiration Date: _____

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

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 will be subject to penalties as provided by law.

Applicant's Signature: _____ Title: _____ Date: _____

SMOKE ALARMS SAVE LIVES