



CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
FIREPREVENTION@VINELANDCITY.ORG

BRIAN MURRAY
FIRE MARSHAL

(856) 794-4000
EXT. 4747

School Use Type 1 Permit Application

Date of application: _____

Annual Fee: \$54

School Activity location _____

Event date(s) _____ To _____ Event Time _____

Organization / Trade Name _____

Applicants Name _____

Applicants Address _____

On site-Contact (Cell Number) _____ Email _____

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

Area(s) of School to be used: _____

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed by the fire official.

Signature _____ Print _____

For Official use only

Date received _____ Inspector _____ Payment (check#) _____

Notes _____