



**Washington Township Fire District
Bureau of Fire Prevention
OFFICE OF THE FIRE OFFICIAL**

Washington Township
PO Box 8176
Turnersville, NJ 08012
(856) 863-4000 – Fax (856) 589-0239

ALL INFORMATION ON THIS APPLICATION FOR REVIEW MUST BE COMPLETED AND THE PROPER FEE ENCLOSED IN ORDER TO START THE REVIEW PROCESS. FAILURE TO COMPLY WITH SUBMISSION REQUIREMENTS WILL CLASSIFY THIS APPLICATION AS “INCOMPLETE”.

Planning Board _____

Zoning Board _____

New Application _____

Revised Application _____

Preliminary _____

Final _____

Residential _____

Commercial _____

Industrial _____

Other _____

1. Applicant's Name: _____
Mailing Address: _____
Phone Number: _____ Fax: _____
2. Owner's Name: _____
Mailing Address: _____
Phone Number: _____ Fax: _____
3. Attorney's Name: _____
Mailing Address: _____
Phone Number: _____ Fax: _____
4. Location of Site: _____
Street Address: _____
Tax Map Plate: _____ Block: _____ Lot: _____
5. Site Details: Zoned: _____
Commercial/Industrial/Other: Lot Size: _____ (Acres to be Developed)
Building Size: _____ Number of Parking Spaces: _____
6. Proposed Construction: Alteration of Existing Structure _____ New Construction _____
Description: _____
7. Fee: \$25.00 for Review. Please make payable to: **BUREAU OF FIRE PRVENTION**

ACKNOWLEDGEMENT

I/We understand and agree that if the activity I/We propose changes from the category(s) denoted in this application, it will be necessary to resubmit all changes, in writing, to the above referenced address. The application, upon final approvals, will submit two sets of approved plans.

OWNER'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE