



TOWNSHIP OF SOUTH BRUNSWICK

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FIRE SAFETY BUREAU

APPLICATION FOR SCHOOL USE PERMIT

Date of application: _____

Location where activity will occur: _____

Date of activity: _____ Time: _____

Applicant Name: _____ Address: _____

Phone/ Fax Number: _____ Emergency: # _____

Organization Name : _____

Type of activity: _____

Number of people attending: _____

Location of activity: (circle) Inside Outside or Both

Cooking: (circle) yes no catering or vendors

Propane use: Number of tanks _____

Applicant Signature

Fee: _____

Fire Marshal Signature