



Kearny Fire Department

Bureau of Combustibles

109 Midland Avenue, Kearny, NJ 07032-2718

Ph: 201-955-7422 Fax: 201-998-8287

Fire Emergency: Dial 911

Permit fee \$54.00

Juan Barroso

Fire Official/

Chief Inspector

Direct: 201-955-7422

fireboc@kearnynj.org

Steven M. Dyl
Chief of Department

Application for Tent, Canopy or Tension Membrane Structure Over 900 Sq Ft - not air supported structures

Complete this form and mail to the above address 30 days prior to scheduled event

Include permit fee \$54.00. Check payable to the Bureau of Combustibles KFD or exact cash amount.

Business Name _____ Date _____

Location of permitted activity or use _____

Phone _____ Fax _____ Email _____

Applicant's name or responsible party _____

Address _____

Phone _____ Cell _____ Email _____

Permit request for specific date(s) _____

180 days maximum

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

Temporary installation and use of (check one): Tent Canopy Tension membrane structure

Size: _____ feet long X _____ feet wide X _____ feet high (at sides) and _____ feet high (at peak)

Enclosed on 1,2,3 or 4 sides: _____ How many entrances/exits and locations: _____

Electrical lighting: Yes No Electrician and UCC permits are required for electrical devices

How will the tent be secured to the earth? _____

Purpose or intended use of the tent: _____

Location or placement of the tent: _____

NOTE: Platforms or bleachers over 11' high will require a UCC permit from the Construction Code Dept, also, the tent canopy or membrane must be certified and labeled as "fire resistive" and/or have documentation.

Heating, cooking or open flames are not permitted in or within 20' of the structure

I hereby acknowledge that the information given is correct and that I am the owner or duly authorized person to act in the owner's behalf and as such, hereby 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. **Per N.J.A.C. 5:70-2.7 Permits required.**

Applicant's signature _____ Title _____ Date _____

For office use only

Permit # _____ Application Date _____ Check/Receipt # _____

Inspection Date: _____ Approved () Denied ()

Conditions: _____

By: _____ Sign _____