



# Kearny Fire Department

Permit fee \$54.00

Bureau of Combustibles

109 Midland Avenue, Kearny, NJ 07032-2718

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

Fire emergency: Dial 911

Juan Barroso  
Fire Official/  
Chief Inspector  
Direct: 201-955-7422  
[fireboc@kearnynj.org](mailto:fireboc@kearnynj.org)

Joseph Mastandrea  
Chief of Department

## Application for Open Flame Cooking

Conditions Imposed [X] Type - 1  
Not for Suppression Systems or Hot Works

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) \_\_\_\_\_

Annual permit request (mandatory for certain activities)

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

Explain  
in detail \_\_\_\_\_

### Conditions for open flame cooking at a public gathering

- Cooking operations shall be attended at all times.
- An inspected and appropriate fire extinguisher shall be at the cooking station and all personnel shall be trained in its use.
- No cooking operations are permitted under tents or canopies.
- The public shall be protected from cooking operations by 5 feet and no cooking within 5 feet of combustibles.
- A noncombustible container shall be available for the collection of ashes.
- Personnel must be able to call 911 in an emergency and notify the Kearny Fire Department at 201-991-1402.

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 \_\_\_\_\_

Keep this application with conditions and attached permit together for review at location of permitted activity

### For office use only

Permit # \_\_\_\_\_ Date(s) of Event \_\_\_\_\_ Check/Receipt # \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Approved ( ) Denied ( )

By: \_\_\_\_\_ Sign \_\_\_\_\_