



Joseph Mastandrea
Chief of Department

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

**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 _____