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

Daniel Neves
Fire Official
T:201-955-7422
fireboc@kearnynj.org

Application for Propane Cooking

Conditions Imposed [X] Type - 1

Not for Suppression Systems or Hot Works

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

Permit fee $54.00. Check payable to the Bureau of Combustibles KFD or *exact* cash amount. *****Fee is non-refundable*****

Business Name _____ Date _____

Location of permitted activity or use _____

Phone _____ Fax _____ Email _____

Applicant's name or responsible party _____

Address _____

Phone _____ Cell _____ Email _____

Scheduled Inspection Time: _____ AM/PM

☐ 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.
- No more than one (1) spare tank secured upright.
- Personnel must be able to call 911 in an emergency and notify the Kearny Fire Department at 201-991-1402.
- All permitted activities are subject to inspection.

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 # _____ Inspection Date: _____ Check/Receipt # _____

Inspected by: _____ Signature: _____