

**Open Flame/ Cooking Appliances**

**NJ State Type 1 Permit $54.00**

**Date: \_\_\_\_\_\_\_\_\_\_**

**Applicant:**

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request for Fire Safety Permit for:**

( ) Open Flame ( ) Grills ( ) Cooking Appliances ( ) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Open Flame/ Grills/ Cooking Appliances will be used on or between

(dates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and between the hours of: \_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_

The equipment/ appliances will be set up and ready for inspection on (date/time):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and phone number of contact person to be present at the time of the inspection:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****

**Additional Information:**

Number of grills/ cooking appliances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Grill ( ) Deep Fryer ( ) Stove ( ) Oven ( ) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All grills/ cooking appliances shall be located a minimum of 5 feet from any building, building overhang or structure.**

**Fuel type: ( ) Charcoal ( ) Wood ( ) Propane**

**If using propane, number of propane tanks\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and size of tanks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Propane tanks shall be properly secured to prevent tipping or falling over. All Tanks, valves, appliances and hoses must be in good condition.

Hoses are not permitted to be taped

Fire Extinguisher with a minimum rating of 2A-10 B:C with a current inspection tag must be provided.

**If using charcoal or wood, ashes must be properly disposed of.**

**Method of disposal for ashes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Water source (garden hose) must be provided for fire extinguishment. If garden hose is not available: (2) 5 gallon buckets of water and a fire extinguisher with a minimum rating of 2A-10 B:C, with a current inspection tag must be provided.

**Cooking Activities under Canopies**

Cooking under canopies is permitted as long as the activity complies with the NJ Division of Fire Safety Bulletin #2006-01 and all applicable sections of the New Jersey Uniform ire Code:

( ) I plan to use a canopy If yes, what size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) I will not use a canopy

**Canopy Fabric must meet the flame resistance of NFPA 701- the canopy label must state the fabric meets “NFPA 701” (National Fire Protection Association)**

\*Note Labels that only state “CPAI-84” or wording “Flame Retardant” are not acceptable.

**Occupancy underneath the cooking canopy is restricted to those persons necessary for food preparation only. Guests/ public are not permitted under the canopy**

**Cooking canopies shall be located at least 20 feet from other tents and canopies.**

**Propane Tanks shall be located outside the canopy at all times. Safety relief calves shall be pointed away from canopy**

**Bonfires**

* A bonfire shall not be conducted within 50 feet (15 240 mm) of a structure or combustible material unless the fire is contained in a barbecue pit.
* Conditions that could cause a fire to spread within 50 feet of a structure shall be eliminated prior to ignition
* A bonfire shall not be more than 5 feet by 5 feet by 5 feet in dimension and shall not burn longer than 3 hours.
* Fuel for a bonfire shall consist only of seasoned dry firewood and shall be ignited with a small quantity of paper
* Open burns or bonfires shall be constantly attended until the fire is extinguished. A minimum of one portable fire extinguisher with a minimum 4-A rating or other approved on-site fire-extinguishing equipment, such as dirt, sand, water barrel, garden hose or water truck, shall be available for immediate utilization

**Sky Lanterns**

• Shall be tethered to the ground

• A person shall not release or cause to be released an untethered sky lantern

**Health Department:** Temporary cooking operations require a Health Permit from Somerset County Health Department

**I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly appointed person, authorized to act in the owner’s behalf and as such hereby agree to comply with the applicable requirements of the Fire Code as best as any specific conditions imposed by the Fire Official.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature Name/ Title Date**

**For Office Use Only: Date Paid: \_\_\_\_\_\_\_\_ Amount Paid: \_\_\_\_\_\_\_\_\_ Check Number: \_\_\_\_\_\_\_\_\_\_**