

Peapack Gladstone Fire Prevention
1 School St., PO Box 218 Peapack, NJ 07977
(908) 234-2250
sdill@peapackgladstone.org

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: _____

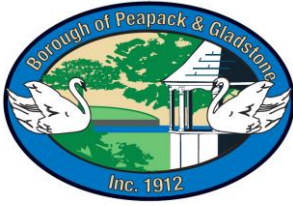
Open Flame/ Grills/ Cooking Appliances will be used on or between

(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 #: _____



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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 Fire 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.



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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 valves 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: _____