

Township of Montclair LEA

Fire Prevention Bureau

1 Pine Street, Montclair, NJ 07042

Office (973) 509-4769 Fax (973)744-2897

Forward application to: FirePrevention@montclairnjusa.org

APPLICATION FOR FIRE SAFETY PERMIT

PLEASE PRINT ALL INFORMATION

Name of Applicant: _____

Applicant's Address: _____
(Street, City, State, Zip Code)

Applicant's Phone Number: _____ Fax #: _____

Email Address: _____

Name of Premises or Facility: _____

Address of Premises/Facility activity will be formed: _____
(Street, City, State, Zip Code)

Registration # (if applicable): _____

Mobile Food Vendor License Plate #: _____

Type of activity to be conducted & duration: _____

Permit requested for following dates: _____

Approximate Occupancy: _____

Material to be used & quantity: _____

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the NJ 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.

Applicant's Signature

Title

Date

Payment required upon application, made payable to Township of Montclair LEA. Payment must be made by cash, check or money order.

OFFICE USE ONLY

PERMIT#: _____

PERMIT TYPE: _____

PERMIT FEE: \$ _____

DENIED

APPROVED

FIRE OFFICIAL SIGNATURE

DATE RECEIVED

See information concerning your [administrative appeal rights](#)