



Town of Secaucus Bureau of Fire Protection  
1203 Paterson Plank Road 2<sup>nd</sup> Floor  
Secaucus, New Jersey 07094

Phone: 201-330-2059 Fax: 551-257-7200

### Open Flame or Overnight Group Stays

Date Applied: \_\_\_\_\_

#### LOCATION INFORMATION

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

#### APPLICANT INFORMATION

Applicant's Name \_\_\_\_\_ Name of Company: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

**NOTE:** Each individual act requires a separate permit. **THE ACTIVITY IS NOT TO TAKE PLACE UNLESS THE FIRE MARSHAL HAS ISSUED AN APPROVED PERMIT.** Conducting the activity before an inspection and receiving an approved permit will result in penalties and fines. Allow 2-3 weeks after filing an application for processing and scheduling of the inspection.

\_\_\_\_\_ Permit requested for the following date (s) \_\_\_\_\_

Event start time: \_\_\_\_\_ Event end time: \_\_\_\_\_

\_\_\_\_\_ Permit requested for one year - Expiration Date: \_\_\_\_\_

**NOTE: Check appropriate boxes below and then follow to attached sheets and check other information**

The above named applicant hereby requests a permit or permits to conduct the following activity at the above location

I hereby acknowledge that the information given is correct and 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



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Total Amount due for Permits applied for: \$ \_\_\_\_\_

**Make Checks payable to Town of Secaucus at time of application: Check Number \_\_\_\_\_**  
**Type 1 \$54.00**

\_\_\_\_\_ Bonfire      \_\_\_\_\_ Overnight Group stays      \_\_\_\_\_ Open Flame Device w/Public Gathering

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Please make sure to include all fire safety plans or drawings that maybe required for any events.

Permit(s) will be issued after inspection of plans, areas of storage, and events to ensure no violations are present.

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Office Use:

Date Received: \_\_\_\_\_ Permit #'s: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_