

Township of Parsippany- Troy Hills Division of Fire Prevention

Physical Address: 46 Gibraltar Dr. Morris Plains, NJ 07950 Business Phone: (973) 263-7166 Business Fax: (973) 334-0307

E-Mail: fireprev@parsippany.net

"Prevention Through Education"

Permit Application

N.J.A.C. 5:70-2.7(a): "Permits shall be required and obtained from the local enforcing agency..." Please type out and email or fax

This Section is Required for ALL Permits

Application Date:	Applicant Name:
Event/Activity Start Date:	Event/Activity End Date:
Setup Date and Times:	Event Times Per Day:
Name of Venue:	Address of Venue:
Block: Lot:	
Organization / Company Hosting Event:	
Contact Person for Event:	Contact Email Address:
Contact Phone Number: This is my:	Cell Work Home
	NATE AT C. 4
This Section to be used ONLY for Assembly events	
Total Anticipated Number of Attendees During Entire Eve	ent:
Total Anticipated Number of Attendees Per Day:	F
Max Anticipated Number of Attendees at One Time Durin	ig Event:
Type of Event: Pipe & Drape Use – Flame Cert Required	Food Served – Copy of Temp Food Permit
<u> </u>	bited. Fire doors and hallways must be kept clear at all times.
	e machines of any kind are permitted
· · · · · · · · · · · · · · · · · · ·	mbly Permits. Plans must include the layout of event
,	Check All that Apply)
Hotwork/Roofing Cooking Operations Cutting/We	
Contractor Name:	Contractor Phone Number:
Contractor Address:	License Number:
Proposed Type and Quantity of Stored Material:	
Proposed Storage Method to be Used:	
A 11 A	nli o anta s
	plicants:
By typing or signing my name below, I hereby acknowled given is correct, and that I am the owner, or duly authorize	
with the applicable requirements of the Fire Code as well	•
also understand this permit can be revoked at any time per	• •
uso understand tins permit can be revoked at any time per	N.J.A.C. 3.70-2.7(1).
Applicant	Date
••	