



Township of Parsippany-Troy Hills Division of Fire Prevention

EMERGENCY
POLICE FIRE MEDICAL
DIAL 911

Physical Address: 1130 Knoll Road, Lake Hiawatha, NJ 07034
Mailing Address: 1001 Parsippany Blvd., Parsippany, NJ 07054
Business Phone: (973)-263-7166 Business Fax: (973)-334-0307
e-mail : fireprev@parsippany.net

PERMIT APPLICATION

N.J.A.C. 5:70-2.7(a) STATES: "Permits shall be required, and obtained from the local enforcing agency..."
Please print clearly. Fill out the applicable permit section and sign the bottom.

Assembly Event:

Application Date: _____ Applicant's Name: _____

Event/Activity Date(s): _____ Set-Up Times: _____ Event Times: _____

Name of Venue: _____

Address of Event: _____ # of people attending: _____

Contact Person of Event: _____ Contact Phone: _____

Organization/Company Hosting Event: _____

Type of Activity: _____

Pipe & Drape Use - Flame Certification (Required)

Food Served - Copy of Temp Food Permit

Floor Plan Attached (Required All Events)

Attention: Hanging of decorative material on walls and ceilings is prohibited. Fire doors and hallways must be kept clear at all times. Absolutely no pyrotechnics or smoke machines of any kind are permitted.

All Other Permits:

Hotwork/Roofing

Cooking Operations

Cutting/Welding

Tents

Storage of Flammables/Combustibles:

Specify type & quantity: _____

Storage Method Used: _____

Business (Site) Name: _____

Address of Site: _____

Contractor Name: _____ Contractor Phone: _____

Contractor Address: _____ Date(s) of Operation: _____

For All Applicants:

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly authorized to act in the owner's behalf and as such hereby agree with the applicable requirements of the Fire Code as well as any specific conditions imposed by the Fire Official. Permit can be revoked at any time per N.J.A.C. 5:70-2.7(f).

Applicant's Signature