



**DIVISION OF FIRE**  
 Bureau of Fire Prevention Investigation  
 201 Jefferson Street, Hoboken, NJ 07030  
 (201) 420 2268/9  
 Fax (201) 420 2227



**APPLICATION FOR OPEN FLAME DEVICE TYPE ONE PERMIT**

Print all information

Applicant:	Address:
City:	County:
State/Zip Code:	Phone: ( )

Location:

<b><u>Type of Activity:</u> USE OF TORCH OR FLAME PRODUCING DEVICE TO REMOVE PAINT FROM, OR SEAL MEMBRANE ROOFS, ON ANY BUILDING/STRUCTURE</b>	Type of Fuel Used & Amount:
Type of Flame Producing Device:	Other:

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

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the 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. I also understand that PERMIT FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.

\_\_\_\_\_  
 Print name

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

*See reverse side for information concerning your restrictions & administrative appeal rights.*

**Make checks/money order payable to Hoboken Fire Department and include address & phone number on check.**

<b>OFFICE USE ONLY</b>			
PERMIT # _____	PERMIT TYPE: <u>ONE</u>	CONDITIONS IMPOSED: YES NO	DENIED: _____ FEES <u>\$54.00</u>
		<small>(CIRCLE ONE)</small>	
Inspector approving/issuing permit: _____	DFS #: _____		
Received: _____			

PERMITS NON-TRANSFERABLE AND NON-REFUNDABLE