

**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](mailto: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/Facility for the activity/event: \_\_\_\_\_

Address of Premises/Facility for the activity/event: \_\_\_\_\_  
(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 and is non-refundable.***

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**OFFICE USE ONLY**

PERMIT#: \_\_\_\_\_

PERMIT TYPE: \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_

DENIED

APPROVED

\_\_\_\_\_  
**FIRE OFFICIAL SIGNATURE**

\_\_\_\_\_  
**DATE RECEIVED**

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