



FIRE PREVENTION BUREAU

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Permit Application - Permanent or mobile cooking operation that requires a fire suppression system in accordance with NJAC 5:70-4.7(g) and is not a life hazard use.

Application Date: _____ Permit Type 1: Fee - \$75.00 non-refundable
Payment shall be made by exact change Cash or Check: payable to 'Town of Boonton'

APPLICANT

Name: _____

Address: _____

Phone No: _____ Email: _____

SUBJECT PROPERTY

Event/Location/Address: _____

Contact Name: _____ Phone No.: _____

SUPPRESSION SYSTEM INFORMATION

Suppression System Type: Wet Chemical Dry Chemical CO2 Water

Suppression Maintenance Company: _____

Address: _____ Phone No.: _____

Contact Name: _____ Email: _____

Hood & Filters Maintenance Company: _____

Address: _____ Phone No.: _____

Contact Name: _____ Email: _____

Cleaning Frequency of: (Weekly, Monthly, Quarterly, Annual, etc.)

Hood: _____ Filters: _____

This application must be submitted at least 14 days prior to the installation.

I hereby acknowledge that I have read this application, that the information given is correct, that I am the owner, or duly authorized to act in the owner's behalf, and as such hereby agree to comply with all applicable requirements of the N.J. Uniform Fire Code as well as any specific conditions imposed by the Town of Boonton Fire Official.

Signature & Title of Applicant Date

- For Office Use Only -

Received By: _____ Date: _____

Fee Amount: _____ Check No.: _____

non-refundable