



Town of Secaucus Bureau of Fire Protection  
1203 Paterson Plank Road 2<sup>nd</sup> Floor  
Secaucus, New Jersey 07094

Phone: 201-330-2059 Fax: 551-257-7200

### APPLICATION FOR TYPE 1 PERMIT

#### TORCH DOWN ROOF OR WELDING AND CUTTING OPERATIONS

The New Jersey Fire Safety Code States: It shall be unlawful to engage in any business activity involving the handling, storage or use of hazardous substances, materials or devices or to maintain, store or handle materials, to conduct processes which produce conditions hazardous to life, property, to install equipment used in connection with such activities or to establish a place of assembly without first obtaining a permit from the Fire Marshal (N.J.A.C. 5:70-2.7).

Note: Each individual act requires a separate permit. Additional activities not listed on this form may require also require a permit. Please consult with the Fire Prevention Bureau for the number and types of permits required and for information on fees. **The fee for this Type 1 Permit is \$54.00.** Make checks payable to: **Town of Secaucus.**

ADDRESS WHERE WORK TO BE PREFORMED: \_\_\_\_\_

ANNUAL PERMIT: \_\_\_ INITIAL: \_\_\_ RENEWAL FOR YEAR: \_\_\_\_\_ OR DATE(S) REQUESTED: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S MAILING ADDRESS: \_\_\_\_\_

APPLICANT'S TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

The above named applicant requests permission to conduct the following activity at the indicated location:

\_\_\_\_\_ Roofing systems using membranes that are adhered by heating with a torch and melting asphalt back coating instead of mopping hot asphalt for adhesion.

\_\_\_\_\_ Welding or cutting operations except where the welding or cutting is performed in areas approved for welding by the Fire Official and are registered as a Type B life hazard use.

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 to comply with the applicable requirements of the fire code as well as any specific conditions imposed by the Fire Marshal.

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Fee Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Exempt: YES / NO

Permit #: \_\_\_\_\_ Issue Date: \_\_\_\_\_