

# BUREAU OF FIRE PREVENTION

## FIRE DEPARTMENT

CITY OF VENTNOR

DEPARTMENT OF PUBLIC SAFETY

**Capt. Jeffrey Moore – Fire Inspector**

Phone: 609-823-7943

Email: [jmoore@ventnorcity.org](mailto:jmoore@ventnorcity.org)



**Lt. Joseph Iannuzzelli – Fire Official**

Phone: 609-437-2306

Email: [jiannuzzelli@ventnorcity.org](mailto:jiannuzzelli@ventnorcity.org)

20 N. New Haven Avenue

Ventnor City, NJ 08406

### PORTABLE HEATING DEVICE

**NJ STATE Type 1 Permit \$54.00**

**Applicant:**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

### REQUEST FOR FIRE SAFETY PERMIT:

**UL Listed and Commercial Rated Portable Heating Device in Public**

Type of Flame Producing Device: \_\_\_\_\_

Type of Fuel Used and Amount: \_\_\_\_\_

Other: \_\_\_\_\_

Permit Requested for the 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 and fines as provided by law. I also understand that PERMIT FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**

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

\_\_\_\_\_  
**Name/Title**

\_\_\_\_\_  
**Date**

**SMOKE DETECTORS SAVES LIVES**

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### CONDITIONS IMPOSED:

- LP Gas cylinder, such as propane or butane are not to be stored in any part of the building. **IF PROPANE OR OTHER COMBUSTIBLE TANKS ARE FOUND IMPROPERLY STORED IN THE ESTABLISHMENT, PERMIT WILL BE REVOKED PERMANENTLY.**
- Fire extinguisher on scene within 25 feet of the heating device, Patrons shall not interact with the device. Ownership has Responsibility of Compliance.
- Heating Device shall not be placed under an overhang or canopy and 5 feet away from any combustible materials.
- Heating device must be Commercial rated, and UL listed with classifications and safety instructions from the manufacturer. Ownership/Personnel shall understand the functionality of the heating device before using it. **Subject to Inspections.**
- Businesses are limited to four (4) Portable Heating Devices per permit.

### **MAKE CHECKS / MONEY ORDER PAYABLE TO: VENTNOR CITY FIRE DEPARTMENT**

(Include address & phone number on the check)

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### FOR OFFICE USE ONLY

DATE PAID: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ PERMIT: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Check #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

**SMOKE DETECTORS SAVES LIVES**