



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



APPLICATION FOR TYPE4i PERMIT:

STORAGE OR USE AT NORMAL TEMPERATURE AND PRESSURE OF MORE THAN 2,000 CUBIC FEET OF FLAMMABLE COMPRESSED GAS OR 6000 CUBIC FEET OF NONFLAMMABLE COMPRESSED GAS.

PRINT ALL INFORMATION. IF ANY DOCUMENTS OR INFORMATION ARE MISSING YOUR APPLICATION WILL NOT BE ACCEPTED

Table with 2 columns: Owner's name or contractors name, Full Address, NJ Contractor's license, 24 Hour contact number, Program Superintendent name: As per IFC 15 NJ sec-3308, 24 Hour contact number.

Job site address and exact work location, within building/structure:

Table with 2 columns: Type of Activity, Type of Fuel, flammable or nonflammable; Site Plan: yes or no, please circle. Safety cut sheets for heating device and method used to pipe gas to heating device; Type of Flame Producing Device; Number of cylinders to be stored on site; Cubic feet of gas per cylinder & Total cubic feet to be stored.

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 NJ 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 have received a copy of Chapters; 33, 35, 53, 58, 61(where applicable) from the IFC NJ 2015 and NFPA 58 LP gas code. I have read and understand all the fire safety requirements. I also understand that PERMIT FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.

Owner/contractor Signature Title Date

See reverse side for administrative appeal rights.

Make checks/money order payable to "City of Hoboken" and include address & phone number on check.

OFFICE USE ONLY

PERMIT # PERMIT TYPE: CONDITIONS IMPOSED: YES NO DENIED: FEE: (CIRCLE ONE)

Inspector approving/issuing permit: DFS #:

Received;

PERMITS NON-TRANSFERABLE AND NON-REFUNDABLE