APPLICATION FOR REGISTRATION OF BUSINESS

EAST RUTHERFORD-BUREAU OF FIRE PREVENTION
312 GROVE STREET, EAST RUTHERFORD, NJ 07307
FIRE OFFICIAL PHONE:201-728-9323
kbarnas@eastrutherfordnj.net

The Uniform Fire Code states:
The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 19A.12.1 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt. 19A13.2

Office Use Only Local ID #_____ Registration Date:_____

BUSINESS NAME (or DBA): _____

Street Address: _____ Suite #/Floor: _____

Town: _____ Zip Code: _____

Name of Shopping Center or Office Building: _____

Premises Phone #: _____ Cell #: _____ Own or Lease?: _____

BUSINESS INFORMATION (Check one): ___ Corporation ___ LLC ___ Partnership ___ Individual

Registered Name: _____

Mailing Address: _____ Suite #/Floor: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email Address: _____

Website: _____

TOTAL SQUARE FOOTAGE OCCUPYING:_____

PLEASE INDICATE WHERE ALL MAIL, ACTIONS, ORDERS OR NOTICES ARE TO BE SENT (Check one):

____Local Business Address ____ Business Owner ____ Building Owner _____ Property Manager

BUILDING OWNER INFORMATION

Name: _____

Mailing Address: _____ Suite #/Floor: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email Address: _____

Property Management Company (if applicable): _____

Contact: _____ Phone #: _____ Email: _____

EMERGENCY CONTACTS (after hours/key holders):

Contact #1 Name: _____

Phone #: _____ Email:_____

Contact #2 Name: _____

Phone #: _____ Email:_____

Contact #3 Name: _____

Phone #: _____ Email:_____

DESCRIPTION OF USE/OCCUPANCY OF THIS BUILDING/BUSINESS:

_____

(IF UNKNOWN PLEASE CONTACT LANDLORD)

Sprinkler: ____ YES ____NO **Stand Pipe:** ___ YES ____NO **Solar Panel:** ____ YES ____ NO

Occupancy Load:_____**Occupancy Class:**_____ **Building Total Square Footage:**_____

L x W of Building:_____**Floors Above Grade:**_____ **Floors Below Grade**:_____

Roof Type:_____**Roof Covering:**_____**Roof Decking:**_____

Location of Sprinkler Room:_____ **Location of Alarm Panel:**_____

Basement Present: _____YES _____ NO **Basement Type:**_____

RESIDENTIALS ONLY

# of Buildings:_____

# of Units:_____

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 the applicable requirements of the Uniform Fire Safety Code as well as any specific conditions imposed by the Fire Official.

_____ _____

Print Name Title

_____ _____

Signature Date

Please Email and drop off application