



STATE OF NJ LIFE-HAZARD USE REGISTRATION FORM

EAST RUTHERFORD-BUREAU OF FIRE PREVENTION

312 GROVE STREET, EAST RUTHERFORD, NJ 07307

FIRE OFFICIAL PHONE: 201-728-9323

kbarnas@eastutherfordnj.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

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OWNERSHIP INFORMATION

1. Ownership Type:

☐ Individual/Sole Proprietorship ☐ Corporation ☐ LLC

2. For Individual/Sole Proprietorship:

First Name: _____ Last Name: _____

Address: _____

Phone Contact: _____

Email Address: _____

3. For Other Types of Ownership:

Organization Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Business Phone: _____

Job Title: _____

First Name: _____ Last Name: _____

Address: _____

Phone Contact: _____

4. Federal Employer ID Number: _____

5. Registered Agent Same as Owner? ☐ Yes ☐ No

6. If you answered NO to Question 5:

Agent First Name: _____ Last Name: _____

Address: _____

Phone Contact: _____

Email Address: _____

7. Property Ownership Contact:

First Name: _____ Last Name: _____

Address: _____

Phone Contact: _____

Job Title: _____

Email Address: _____

8. Emergency Contact:

First Name: _____ Last Name: _____

Address: _____

Phone Contact: _____

Job Title: _____

Email Address: _____

BUILDING INFORMATION

Property/Business Type: _____ Use Group: _____ Use Code: _____

1. Pre 1977 Construction: ☐ Yes ☐ No CO Date _____

2. Block: _____ Lot: _____

3. # of Stories: _____

4. # of Stories Below Grade: _____

5. Total Square Feet: _____

6. Maximum Occupancy: _____

7. # of Exits: _____

9. Grade Height: _____

10. Construction Type:

☐ Frame ☐ Masonry and Concrete ☐ Masonry Steel ☐ Exterior Masonry Wall and Frame

☐ Combination

☐ Type 1A - Concrete ☐ Type 1B – Concrete ☐ Type 2A – Steel ☐ Type 2B – Steel ☐ Type 2C –

Steel ☐ Type 3A – Masonry/Wood ☐ Type 3B – Masonry/Wood ☐ Type 4 – Heavy Timber ☐ Type 5A – Wood

☐ Type 5B – Wood ☐ N/A

11.Heat Fuel Source:

☐Electric ☐Gas ☐Geothermal ☐Liquified Natural Gas (LNG) ☐Liquified Petroleum Gas (LPG)
☐Oil ☐Wood ☐None ☐N/A

12.Heat Type:

☐Forced Air ☐Hot Water/Radiator ☐Radiant ☐Steam ☐None ☐N/A

13.Alternate Power Source:

☐None ☐N/A ☐Solar ☐Geothermal ☐Wind

14.Backup Power Source:

☐None ☐N/A ☐Battery ☐Emergency Generator ☐Multiple Grids from Power Company

15.Emergency Generator Powered Devices:

☐Select All ☐Emergency Lights ☐Exit Lights ☐Fire Detection System ☐N/A

16.Roof Characteristics: # of Roof Hatches _____

17.Roof Construction: ☐Concrete ☐Metal ☐Truss ☐Wood ☐N/A

Roof Coverings: ☐Select All ☐Asphalt Shingles ☐Asphalt/Tar ☐Metal ☐Rubber ☐Slate
☐Tile ☐N/A

Roof Truss Type: ☐Bowstring ☐Metal ☐Steel Bat Joist ☐Wood ☐N/A

16. Truss Roof Construction: ☐Yes ☐No

17. # of Roof Skylights: _____

18. Solar Panels: ☐ Yes ☐ No

19. Stand Pipe: ☐ Yes ☐ No

20. Sprinklers: ☐ Yes ☐ No

21. Basement : ☐ Yes ☐ No

If yes, type of basement: ☐ Cellar ☐Crawl Space ☐ Basement

22. Roof Decking:_____

23. Roof Support:_____

24.Length and Width of Building:_____

25.Location of Alarm Panel:_____

26.Location of Sprinkler Room:_____