STATE OF NEW JERSEY

LIFE-HAZARD USE

REGISTRATION FORM

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

Date Business Opened: _____

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

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. **Back-Up 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