



Regional Fire Prevention Alliance
205 Haines Avenue
Barrington, NJ 08007
(856) 547-0991
firealliance@barringtonboro.com



"Serving the Municipalities of Barrington, Hi-Nella, Lawnside, Mt. Ephraim and Oaklyn"

FIRE INSPECTION REGISTRATION ANNUAL UPDATE

OCCUPANCY REGISTRATION #: _____
BUSINESS NAME: _____
STREET ADDRESS: _____
MUNICIPALITY: _____
PHONE: _____
EMAIL: _____

OFFICE USE

Date _____

\$ _____

Ck # _____

BUSINESS OWNER'S RESIDENCE

NAME: _____
ADDRESS, CITY, STATE, ZIP CODE _____
PHONE: _____

BUILDING OWNER (LANDLORD)

NAME: _____
ADDRESS, CITY, STATE, ZIP CODE _____
PHONE: _____

EMERGENCY CONTACTS

NAME: _____ PHONE: _____
ADDRESS, CITY, STATE, ZIP CODE _____
NAME: _____ PHONE: _____
ADDRESS, CITY, STATE, ZIP CODE _____

RESPONSIBLE PARTY (ONLY PERSON TO RECEIVE MAIL)

NAME: _____
ADDRESS, CITY, STATE, ZIP CODE _____
PHONE: _____
EMAIL: _____

Whoever is named as the Responsible Party is the designee to receive *all* invoices, notifications, correspondence, and certificates, in the mail, and at the address that is entered on the Registration. This person does not have to be the owner, but can be anyone the business owner specifies. The Accounts Payable or the Corp. Safety Officer as an example.



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BUILDING INFORMATION

OF STORIES: _____ # OF APTS. UNITS: _____
SQ. FT. OF BUSINESS: _____ USE: _____
DIMENSIONS OF BLDG.: _____ X _____
FIRE ALARM: _____
SERVICED BY: _____
PHONE: _____
MONITORED BY: _____
COOKING SUPPRESSION: _____
SERVICED BY: _____
PHONE: _____ CLEANING FREQUENCY: _____
TYPE OF CONSTRUCTION: _____
TYPE OF HEAT: _____

BUSINESS INFORMATION

TYPE OF BUSINESS: _____
HAZARDOUS CONDITIONS: _____
HOURS OF OPERATION: _____
OF EMPLOYEES: _____ OCCUPANT LOAD: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE & CORRECT
NAME: (PRINT) _____

SIGNATURE: _____ DATE: _____

Pursuant to NJAC 5:70-2. This application must be returned to this office within thirty (30) days
