

New Jersey Department of Community Affairs
DIVISION OF FIRE SAFETY
PO Box 809
Trenton, New Jersey 08625-0809
Telephone: (609) 633-6144 FAX: (609) 633-6330



FIRE SAFETY REGISTRATION FORM

Owners of possible Life Hazard Use businesses must complete and file this form in accordance with the Uniform Fire Safety Act (N.J.A.C. 52:27D-192 et seq.). Failure to do so may result in a penalty of up to \$1,000.00

_____ - _____ - _____

-----Part A – Business Registration Information-----

1. Business Ownership (mark the correct box):

(0) ____ Corporation (1) ____ Private / Individual (2) ____ Partnership (3) ____ Condominium
(4) ____ Cooperative (5) ____ Government Agency (6) ____ LLC Corporation

2. Business/Corporation Mailing Address:

If Private / Individual: Name: _____
Last First Middle Initial

If Other: _____
Give FULL Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A etc.

Address: _____
PO Box Number or Street Number and Name

City: _____ State: _____ Zip Code: _____ - _____

Federal Employer (Tax ID) Number

Social Security Number (For Private / Individual Only)

In accordance with N.J.S.A. 52:27D -201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its program's notification system.

Telephone: (____ __) _____ - _____

Continued on Reverse Side

FOR FIRE OFFICIAL / DFS USE ONLY

USE CODE (S): _____

LEA Number: _____ - _____

Assigned Owner Number: _____ New Application

Alternate Owner Number: _____ Transfer

Name: _____

Address: _____

Number	Street Name
City: _____	State: _____ Zip Code: ____ _ - ____ _
Telephone: (____ _)	____ _ - ____ _

5. Name of Building or Business: _____

Suite or Room Number: _____ Municipality: _____ County: _____

7. <u>Height of Building (in feet)</u>	<u>Number of Stories</u>	<u>Square Footage</u>	<u>Occupant Load</u>
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8. I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made me are willfully false, I am subject to punishment.

Telephone Number of Owner or Agent Completing This Form: (__ __ __) __ __ __ - __ __ __ __

REGISTRATION FORM

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 : _____

4. Federal Employer ID Number (Tax Id number):

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

6. If you answered **NO** to Question 7:

Agent First Name: _____ Last Name _____

Address: _____

Phone : _____

Email Address: _____

7. **Property Owner Contact:**

First Name: _____ Last Name _____

Address: _____

Phone : _____

Job Title: _____

Email: _____

8. **Emergency Contact:**

First Name: _____ Last Name _____

Address: _____

Phone : _____

Job Title: _____

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** _____

8. **Grade Height** _____

9. **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

10. **Heat Fuel Source**: ☐Electric ☐Gas ☐Geothermal ☐Liquified Natural Gas (LNG)
☐Liquified Petroleum Gas (LPG) ☐Oil ☐Wood ☐None ☐N/A

11. **Heat Type**: ☐Forced Air ☐Hot Water/Radiator ☐Radiant ☐Steam ☐None ☐N/A

12. **Alternate Power Source**: ☐None ☐N/A ☐Solar ☐Geothermal ☐Wind

13. **Back-Up Power Source**: ☐None ☐N/A ☐Battery ☐Emergency Generator
☐Multiple Grids from Power Company

14. **Emergency Generator Powered Devices**: ☐Select All ☐Emergency Lights ☐Exit
Lights ☐Fire Detection System ☐N/A

15. **Roof Characteristics**: # of Roof Hatches _____

-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