TOWNSHIP OF WEST ORANGE

415 VALLEY ROAD, WEST ORANGE, N.J. 07052

FIRE DEPARTMENT
FIRE PREVENTION BUREAU

E-mail: Fireprev@westorange.org/Fireofficial@westorange.org

Susan McCartney
Mayor

Tel: (973) 325-4175

Nicholas Gillo
Fire Chief

Capt. Joseph Matullo
Fire Official

Fire Safety Registration Form

All occupancies should be registered with the exception of, owner occupied 1 and 2 family homes. Owners of possible Life Hazard Use businesses and/or Multi-Family Dwellings 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.

Type of Business/Property:_____

1. Is your business/property (check one):

____ Convenience Store ____ Deli ____ Hair/Nails ____ Storage (what will be stored at facility_____)
____ Office ____ Retail Store (what will be sold _____) ____ Gas Station ____ Auto Repair
____ Auto Body ____ Movie Theater ____Restaurant (Alcohol Served ____ Yes ____ No) (# of tables _____)
____ Medical ____ Surgical ____ Hotel ____ Boarding House ____ Group Home ____ Assisted Living Facility
____ Day Care ____ Nursing Home ____ Senior Building ____ Funeral Home ____ Education Building
____ Multi-Family Dwelling - How many units in dwelling _____
____ Other (Explain _____)

2. Type of ownership (check correct type)

____Corporation ____Private/Individual ____Partnership ____Condominium ____Cooperation ____ LLC
____Government Agency ____Other (if other describe type here) _____

3. Business/ Corporation/Owner Mailing Address:

Name: _____
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 programs notification system.

Telephone: _____ Fax: _____ e-mail: _____

4. Name of Business/Property:_____

Business/Property location: _____

Suite/Room/Floor number: _____ Municipality: _____ County: _____

Block number: _____ Lot number: _____ Telephone number of Business:_____

_____	_____	_____	_____
Height of Building in feet	Number of stories	Square footage	Occupant load

_____	_____	_____
Manager/Agent/Superintendent	Hours of Operation	Number of Employees

5. Fire Alarm/Sprinkler/Kitchen Suppression

Does your business/occupancy have any of the following: (**Please attached Current Reports**)

Fire Alarm _____ YES _____ NO
if yes, Company name and phone # _____

Sprinklers _____ YES _____ NO
if yes, Company name and phone # _____

Kitchen Suppression ____ YES ____ NO
if yes, Company name and phone # _____

6. Billing Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ e-mail: _____

7. BUILDING OWNER Information:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____ e-mail: _____

8. Emergency Contacts:

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

3. Name: _____ Telephone: _____

9. Certification: 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 by me are willfully false, I am subject to punishment.

_____ _____

Signature of owner or agent completing this form Date

_____ _____

Printed name of owner or agent completing this form Title

_____ _____

Street address of owner or agent completing this form City

_____ _____

State Zip Code

_____ _____

Telephone of owner or agent completing this form Fax

_____

E-mail of owner or agent completing this form

Return to address on letterhead via fax, mail or e-mail.