Fire Marshal's Office

Borough of Red Bank

James E Fenn MA, CFEI
Fire Marshal
jfenn@redbanknj.org

APPLICATION FOR REGISTRATION OF BUSINESS (LHU)

(Please type information into fillable fields below or print form & type or print clearly)

Business Name (or DBA)

1. Date of Application _____ 2. Block: _____ Lot: _____
3. Name of Business

_____

4. Physical Address of Business

_____

5. Name of Shopping Center or Office Building

_____

6. Premises Phone Number_____
7. NJ Life Hazard Use (LHU) Registration #_____

Business Information (check one): ___ Corporation ___ LLC ___ Partnership ___ Individual ___ Non-Profit

1. Registered Name _____
2. Mailing Address _____
3. City, State, Zip _____
4. Phone _____ Email _____
5. Business Fed ID#:_____

Business Owner Personal Information

1. Business Owner's Name

_____

2. Business Owner's Home Address

_____

3. Business Owner's City, State, Zip

_____

4. Business Owner's Phone _____ Email _____

Send Mail To (check one): ____ Property ____ Business Owner ____ Building Owner ____ Prop Manager

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Property/Building Owner and, if applicable, Property Manager Information

1. Landlord Name _____
2. Landlord Mailing Address _____
3. Landlord Phone _____ Fed ID #: _____
4. Property Manager Company _____
5. Property Manager Address _____
6. City, State, Zip _____
7. Property Manager Contact _____ Phone _____

Key Holders for Emergencies After Hours:

Contact #1 Name: _____ Phone: _____
Address: _____ Email: _____

Contact #2 Name: _____ Phone: _____
Address: _____ Email: _____

Contact #3 Name: _____ Phone: _____
Address: _____ Email: _____

Business Use Information

Describe what your business does:

_____

Are Hazardous Materials stored on premises? ____ Yes ____ No (If yes, provide MSDS)

Number of stories: _____
Number of stories below grade: _____
Square Footage by floor: _____
Total Square Footage: _____
Occupancy Load: _____
Number of Exits: _____
Grade Height: _____

Construction Type:

____ Frame ____ Masonry & Concrete ___ Masonry Steel ___ Exterior Masonry Wall & Frame
____ Combination

____ Type 1A – Concrete
____ Type 2A – Steel
____ Type 3A – Masonry/Wood
____ Type 4 - Heavy Timber
____ Type 5B – Wood

Type 1B – Concrete ____
Type 2B – Steel ____
Type 3B – Masonry/Wood ____
Type 5A – Wood Frame ____
N/A ____

Roof Construction: ____ Concrete ____ Metal ____ Truss ____ Wood ____ N/A Roof
Roof Coverings: ____ Asphalt Shingles ____ Asphalt/Tar ____ Metal ____ Rubber ____ Slate ____ Tile ____N/A

Number of Roof Hatches: _____
Number of Roof Skylights: _____
Solar Panels: ____ Yes ____ No

Number of Roof Hatches: _____
Number of Roof Skylights: _____ **Solar Panels:** ____ Yes ____ No

Alternate Power Source: ___ Solar ___ Geothermal ___ Wind ___ None ____ N/A
Back-Up Power Source: ___ Battery ___ Emergency Generator ___ None ____ N/A
Emergency Generator Powered Devices (if applicable choose all that apply): ___ Emergency Lights ___ Exit Lights ___ Fire Detection System ___ None ____ N/A

Do you have a Fire Sprinkler System? ____ Yes, ____ No
Do you have a Kitchen Hood Suppression System? ____ Yes, ____ No
Do you have a Fire Alarm System? ____ Yes, ____ No

Alarm Company Name _____

Alarm Company Phone_____

I hereby acknowledge that I have read this application, that the information given is correct & that I am the owner or duly authorized to act on the owner's behalf.

Print Name _____Title _____

Signature _____Date _____