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

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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

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			•		· · · ·						
		Part A – Bu	usiness Registra	tion Information							
	1. Business Ownership (· · ·				
•.				(2) Partnership (3) Condominium							
	(4) Cooperative	(5) Government	Agency (6)	LLC Corpora	tion						
	2. Business/Corporation			· •	•						
	If Private / Individual:	Name:		•							
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Last	•	First			Middle Initial				
	If Other:										
¹⁸ 13	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		Soc	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, your social security number will ensure the efficiency of its pro-							ntary provision of 's notification system				
	Telephone: (· ·			·					
		FOR FIRE	Continued on Revers	e Side FS USE ONLY							
ſ	USE CODE (S):			PS USE ONLY							
							•				

	ess must not be a PO Box)								
Name:									
Address:									
Number	Street Name								
City:	State: Zip Cod	le:	·						
•									
	pes and / or uses or businesses y		· .						
· · · · · · · · · · · · · · · · · · ·	· .								
			· · · ·						
			• •						
		••••		· · .					
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h ,	Part B – Business Locatio (Physical location and name	on Information	· · · · · · · · · · · · · · · · · · ·	······································					
5 Name of Puilding on During			• •	•					
5. Wante of Dununing of Dusiness:			•	•					
Building Location:									
· ·	(Number and St	treet)							
Suite or Room Number:	Municipality:	•	County:						
6									
Block Number	Lot Number		Municipal Tax A coo						
7		•	Municipal Tax Account Nur						
Height of Building (in feet)	Number of Stories	Square Footage	Occu	pant Loa					
	Part C Certific	ation							
8. I certify that all state	ements made by me on this regis	tration application							
I certify that all statements made by me on this registration application are true. I am aware that if a of the foregoing statements made me are willfully false, I am subject to punishment.									
5									
Signature of Owner of		Date							
Printed Name of Own									
runcu Name of Own	בי	Title	•••						
	Street Address of Owner or Agent Completing This Form								
·····	mer or Agent Completing This For		•						

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