

**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

1. *What is the name of the author?*

-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: _____

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

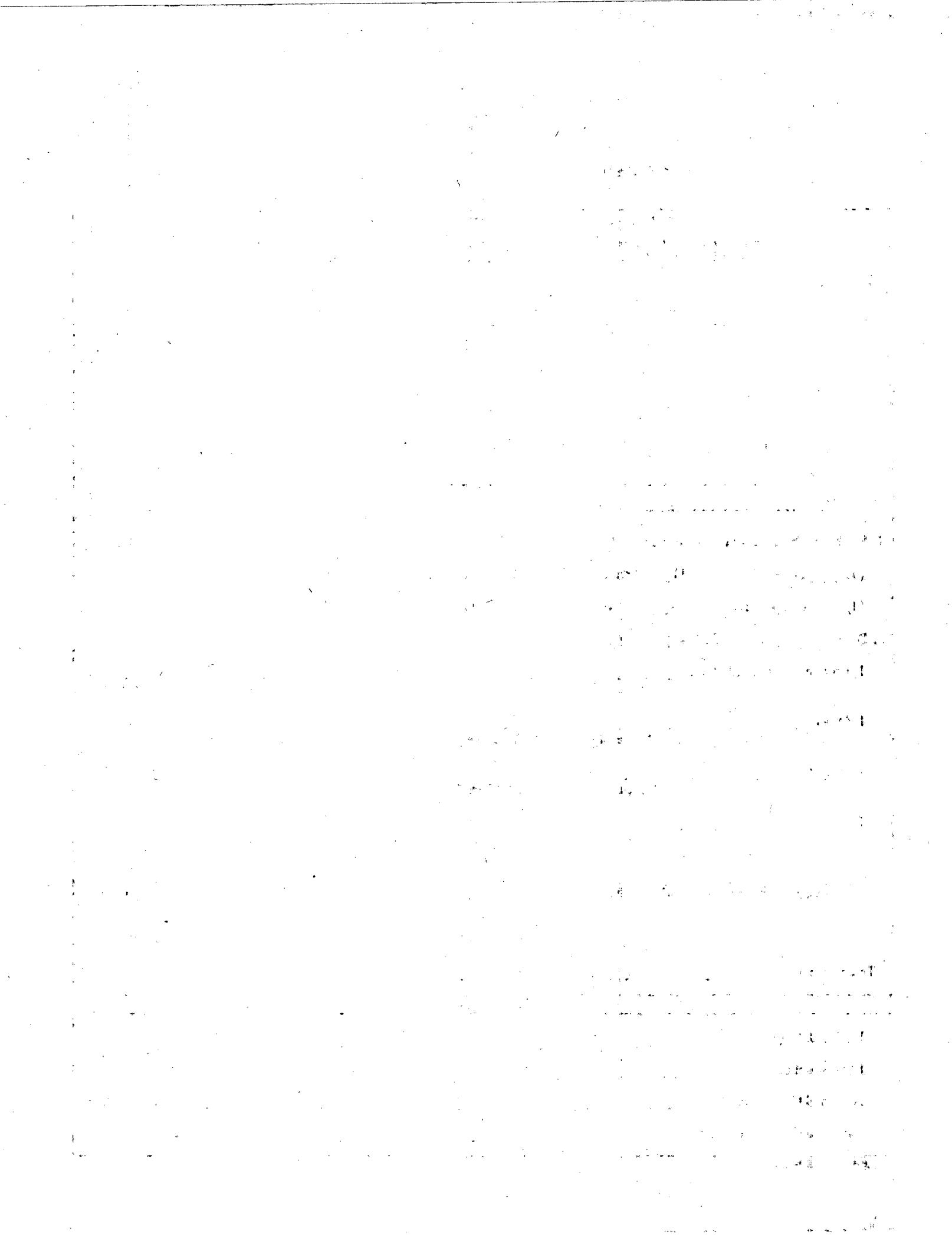
LEA Number: -

Assigned Owner Number:

New Application

Alternate Owner Number:

Transfer



3. Person To Receive Certified Mail Or Other Notices. If Same As Owner, Write "Same."
(Address must not be a PO Box)

Name: _____

Address: _____

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

Telephone: (____) ____ - ____

4. Briefly describe the building types and / or uses or businesses you own.

Part B – Business Location Information
(Physical location and name of the business)

5. Name of Building or Business:

Building Location: _____
(Number and Street)

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

6. _____ Block Number _____ Lot Number _____ Municipal Tax Account Number _____

7.	Height of Building (in feet)	Number of Stories	Square Footage	Occupant Load
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Part C – Certification

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.

Signature of Owner or Agent Completing This Form Date

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

