

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

R-305 Revised 10/02

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

Name: _____

Address: _____
Number Street Name

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

----- **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

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: (____) _____ - _____

