

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

_____ - _____ - _____

-----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: _____
Last First Middle Initial

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

USE CODE (S): _____

LEA Number: _____ - _____

Assigned Owner Number: _____ New Application

Alternate Owner Number: _____ Transfer

Name: _____

Address: _____

Number	Street Name
City: _____	State: _____ Zip Code: _____ - _____
Telephone: (____) _____	_____

5. Name of Building or Business: _____

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

7. <u>Height of Building (in feet)</u>	<u>Number of Stories</u>	<u>Square Footage</u>	<u>Occupant Load</u>
--	--------------------------	-----------------------	----------------------

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.

City	State	Zip Code
------	-------	----------

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