

# FIRE DEPARTMENT CITY OF ENGLEWOOD



## BUREAU OF FIRE PREVENTION REGISTRATION OF BUSINESS

Dear Business Owner,

Pursuant to the Uniformed Fire Safety Act (PL 1983, C.383, N.J.S.A. 52:27d-192 et seq.), the City of Englewood has adopted Local Ordinances, designating the City of Englewood Bureau of Fire Prevention as the local enforcing agency of said code.

Under these ordinances, it is required that all non-life hazard use buildings be registered and inspected by the Bureau of Fire Prevention.

Enclosed, you will find a registration form. Please complete the form and verify that the information on the form is correct, and return the completed form within thirty (30) days to

The City of Englewood Fire Department  
Fire Prevention Bureau  
81 So Van Brunt Street  
Englewood, New Jersey 07631

if you should have any questions, please feel free to contact the office of the Bureau of Fire Prevention at 201-871-6468 or 201-871-6693

Fire Official

# FIRE DEPARTMENT CITY OF ENGLEWOOD



## BUREAU OF FIRE PREVENTION FIRE INSPECTION REGISTRATION FORM

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Block/Lot \_\_\_\_\_ Do you  Own  Lease

Building Owner's Name \_\_\_\_\_

Federal ID number \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Building Type  Individual  Partnership  Corporation Other \_\_\_\_\_

Manager/Agent \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 3 \_\_\_\_\_ Phone \_\_\_\_\_

### Alarm/Suppression System Information:

Describe System Type \_\_\_\_\_

Monitoring Company Name \_\_\_\_\_

Phone: \_\_\_\_\_

### Use and Occupancy Information:

Description of your operation: \_\_\_\_\_

Does building contain three (3) or more dwelling units?  Yes  No

If Yes, is the building registered with the Department of Community Affairs,  
State of New Jersey?  Yes  No

If Yes, please give Registration #: \_\_\_\_\_

I Certify that all statements made above are true.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

### OFFICE USE ONLY

Local ID# \_\_\_\_\_ State ID# \_\_\_\_\_ Date Registered \_\_\_\_\_