

Complete and return to:

Hopewell Valley Bureau of Fire Safety
201 Washington Crossing Pennington Rd
Titusville, NJ 08560
(O) 609-730-8156 (F) 609-730-1563



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

Local Reg# _____

-----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

3. PROPERTY OWNER INFORMATION

(Address must not be a PO Box AND INCLUDE EMAIL ADDRESS)

Name: _____

Address: _____

Number _____ Street Name _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____ **EMAIL** _____

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 **EMAIL ADDRESS** _____

City _____ **State** _____ **Zip Code** _____

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