Hopewell Valley Bureau of Fire Safety

Hopewell Township Fire District No. 1

201 Washington Crossing-Pennington Rd. Titusville, NJ. 08560
Ph. 609-730-8156x0

Email form to SYSTEMREPORTS@HOPEWELLTWPFIRE.ORG (or) Fax to 609-730-1563

Business Registration Form

Business Details

Business Name: _____ Business Phone#: ( ) -

Business Address: _____ Business Address2: _____
E.g., 502 Pleasant Valley Ave   *Suite, Unit, Floor, eg., Suite 1*

Type of Ownership: ☐ Corporation ☐ LLC ☐ Partnership ☐ Condominium ☐ Private ☐ Gov.Agency ☐ Cooperative

Type of Business: _____

UFC Use Group: _____ Occupancy Load: _____

Life Hazard Use: _____ LHU State ID#: _____

Federal I.D.: _____ Hours of Operation: _____

Business Owner

Owner Name: _____ ☐ Owned by Corporation ☐ Individual
Corporate Name or if individual then First Last and Middle Name

Mailing Address: _____ Owner Address2: _____
Corporate or Residence address, eg., 100 Main st   *Suite, Apt, Floor, eg., Apt 1*

Owner City: _____ State: _____ Zip: _____

Owner Phone: ( ) - Owner Mobile Phone#: ( ) -

Email Address: _____ ☐ Include in Emergency Contact List. If Yes, Contact Seq#

Property Owner ☐ Check if Property Owner is same as Business Owner(If different, complete the section below)

Owner Name: _____ ☐ Owned by Corporation ☐ Individual
Corporate Name or if individual then First Last and Middle Name

Mailing Address: _____ Owner Address2: _____
Corporate or Residence address, eg., 100 Main st   *Suite, Apt, Floor, eg., Apt 1*

Owner City: _____ State: _____ Zip: _____

Owner Phone: ( ) - Owner Mobile Phone#: ( ) -

Email Address: _____ ☐ Include in Emergency Contact List. If Yes, Contact Seq#

Agent/Manager ☐ Check if Agent is same as Business Owner ☐ Check if Agent is same as Property Owner (If different, complete below)

Agent Name: _____ Agent Title: _____
First Last and Middle Name

Mailing Address: _____ Agent Address2: _____
Residence address, eg., 100 Main st   *Suite, Apt, Floor, eg., Apt 1*

Agent City: _____ State: _____ Zip: _____

Agent Phone: ( ) - Agent Mobile Phone#: ( ) -

Email Address: _____ ☐ Include in Emergency Contact List. If Yes, Contact Seq#

Emergency Contacts (In addition to what is listed as Emergency Contacts Above) (Minimum of 1 emergency contact required)

Contact Order	Name (First Last and Middle Name)	Phone#	Email
		( ) -	
		( ) -	
		( ) -	

Area (in Sq. Feet)

Total Sq.Ft: **Building:** _____ **Basement:** _____ **Total:** _____

SD Battery: ☐ Yes ☐ No Location: _____

Alarms ☐ Yes ☐ No

SD Hard Wired: ☐ Yes ☐ No Location: _____

Supervision Type: ☐ Not Monitored ☐ Monitored Onsite ☐ Monitored Remote ☐ Auto Dialer

Alarm Company: _____ Test Records: ☐ Yes ☐ No   Test Date: _____

Heat Detectors: ☐ Yes ☐ No   Location: _____

Supervision Type: ☐ Not Monitored   ☐ Monitored Onsite   ☐ Monitored Remote   ☐ Auto Dialer

Alarm Company: _____ Test Records: ☐ Yes ☐ No   Test Date: _____

Manual Pull: ☐ Yes ☐ No   Location: _____

Supervision Type: ☐ Not Monitored   ☐ Monitored Onsite   ☐ Monitored Remote   ☐ Auto Dialer

Alarm Company: _____ Test Records: ☐ Yes ☐ No   Test Date: _____

Sprinklers ☐ Yes   ☐ No ☐ N/A ☐ Full ☐ Partial ☐ Basement ☐ Spray Booth

Sprinkler type: ☐ Wet ☐ Dry ☐ Wet/Dry ☐ Anti Freeze ☐ Deluge

FDC Connection: ☐ Yes   Location: _____

Supervision Type: ☐ Not Monitored   ☐ Monitored Onsite   ☐ Monitored Remote   ☐ Auto Dialer

Alarm Company: _____ BackFlow Preventor: ☐ Yes

Maint. Company: _____ Test Records: ☐ Yes ☐ No   Test Date: _____

Other Systems   Location: _____

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Permitted Activities (Check all that apply)

☐ Welding / Cutting

☐ Cooking

☐ Indoor storage of Class 1 Flammable Liquids

☐ Outdoor storage of Class 1 Flammable Liquids

☐ Indoor storage of Class II or IIIA Combustible Liquids

☐ Outdoor storage of Class II or IIIA Combustible Liquids

☐ Storage of Fireworks / Explosives / Blasting Agents

☐ LP gas cylinder exchange

☐ Industrial Processing Oven/Furnace

☐ Wrecking Yard / Junk Yard

☐ Hazardous Chemical Storage

☐ Storage/Use of Hazardous/Flammable/Combustible Liquids/Gas

Hazmat (Add additional sheets if needed)

CAS#	Chemical Name	Capacity	Activate Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Information

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Completed By:	**Signature:**	**Date Completed:**