

New Jersey Department of Community Affairs

DIVISION OF FIRE SAFETY

Post Office 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: _____
Last Name, First Name Middle Initial

If Other: _____
Give FULL Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A etc...

Address: _____
Post Office 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 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 Number: _____ **Is This A Cell Phone:** Yes NO

Continued on Reverse side → → → → →

FOR FIRE OFFICIAL / DFS USE ONLY

USE CODE (S): _____

LEA Number: 1 2 1 0 - 0 0 1

Assigned Owner Number: _____ **New Application**

Alternate Owner Number: _____ **Transfer**

3. Person to Receive Certified Mail or Other Notices. If Same As Owner, Write "same."
(Address Must Not Be A Post Office Box)

Name: _____
Last Name, First Name Middle Initial

Address: _____
Street Number and Name of Street

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Is This A Cell Phone: Yes NO

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. Business Name: _____
Name of Building or Business

Building Location: _____
Street Number and Name of Street

Suite or Room Number: _____ Municipality: Metuchen, NJ County: Middlesex

Business Telephone Number: _____

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 by 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 Is This A Cell Phone: Yes NO