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Anthony Greci, Fire Official | Kenneth Schmertz, Fire Inspector

### APPLICATION FOR BUSINESS REGISTRATION

*(please print or type all information)*

Pursuant to the Uniform Fire Safety Act and the regulations adopted thereunder, all buildings, structures and uses within the Township of South Orange Village, except for owner-occupied one and two family dwelling units, shall be periodically inspected by the Fire Prevention Bureau for compliance with the New Jersey Uniform Fire Code.

\*\*\*\*\*THIS AREA OFFICE USE ONLY\*\*\*\*\*

Local I.D.# \_\_\_\_\_ State I.D. # \_\_\_\_\_ Date Registered: \_\_\_\_\_ Fee \$ \_\_\_\_\_

\*\*\*\*\*

### Business Information

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

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

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Do you own or lease: Own Lease (circle one) Square Feet: \_\_\_\_\_ Fed I.D. #: \_\_\_\_\_

Business Type: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Other \_\_\_\_\_

Description of use/ occupancy of business/ building: \_\_\_\_\_

### Business Owner

Business Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Owner's Home Address: \_\_\_\_\_

Business Owner E-mail Address: \_\_\_\_\_ Business Owner Fed. I.D. #: \_\_\_\_\_

### Emergency Contacts

Contact Person #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person #3: \_\_\_\_\_ Phone: \_\_\_\_\_

**Building Owner**

Building Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Building Owner's Home Address: \_\_\_\_\_

Building Owner E-mail Address: \_\_\_\_\_ Building Owner Fed. I.D. #: \_\_\_\_\_

**BUILDING INFORMATION:**

Type of Construction: \_\_\_\_\_ Roof Construction: \_\_\_\_\_

Floor Construction: \_\_\_\_\_ Truss Construction (floor/ roof/ both): \_\_\_\_\_

Fire Sprinkler System: Yes No (circle one) OS+Y (fire sprinkler shutoff) Location: \_\_\_\_\_

If yes, what does it cover (circle one): Full Building Partial (where is covered): \_\_\_\_\_

Alarm/ Suppression System Description: \_\_\_\_\_

Monitoring Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Closest Fire Hydrant: \_\_\_\_\_ Knox Box Location: \_\_\_\_\_

Flammable / Combustible Liquids (if so, where): \_\_\_\_\_

Other Hazards: \_\_\_\_\_

I hereby acknowledge that I have read this application. That the information given is correct, that I am the owner or duly authorized to act on the owner's behalf, and as such hereby agree to comply with the applicable requirements of the uniform fire safety code as well as any specific conditions imposed by the Fire Official.

\_\_\_\_\_  
Print Name (Business Representative)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*\*\*\*\*THIS AREA OFFICE USE ONLY\*\*\*\*\*

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_

Remarks: \_\_\_\_\_