New Jersey Department of Community Affairs DIVISION OF FIRE SAFETY PO Box 809

Trenton, New Jersey 08625-0809

Telephone: (609) 633-6144 FAX: (609) 633-6330



Owners of possible Life Hazard Use busine	Sees must complete and file this form in accordance with the Uniform a seq.). Failure to do so may result in a penalty of up to \$1,000.00
Part A - B	usiness Registration Information
1. Business Ownership (mark the correct box):	
(0) Corporation (1) Private / Ind	ividual (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:	rship, Including Corporation, Incorporated, Partnership, T/A etc.
Give FOLL Legal Name of Owne	rsnip, including Corporation, incorporated, Partnersnip, 1/A etc.
Address:PO Box Number	r or Street Number and Name
City: State:	Zip Code:
	Social Security Number (For Private / Individual Only)
Federal Employer (Tax ID) Number	
	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	E OFFICIAL / DFS USE ONLY
USE CODE (S):	
LEA Number:	
Assigned Owner Number:	
Alternate Owner Number:	

Name:				
	Number	Street Name		
City:		State:	Zip Code:	
Telepho	ne: ()			
4. Briefly C	escribe the building ty	pes and 7 or uses or bus	messes you own.	
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-		Part B - Busines	s Location Information	
			and name of the business)	
5. Name of	Building or Business:			
Building	Location:			
		(Numb		
				County:
Suite or	Room Number:	Municipality:		
Suite or	Room Number:	Municipality:		
Suite or 6BI	Room Number:	Municipality: Lot N	lumber	County: Municipal Tax Account Num
Suite or 6BI	Room Number:	Municipality: Lot N		County: Municipal Tax Account Num
Suite or 6BI 7Height of	Room Number: ock Number of Building (in feet)	Municipality:Lot N	lumber Square Footage	County: Municipal Tax Account Num
Suite or 6BI 7Height of	Room Number: ock Number of Building (in feet)	Number of Stories Part C –	Square Footage Certificationhis registration application	Municipal Tax Account Num Occupant Loa are true. I am aware that if
Suite or 6BI 7	Room Number: ock Number of Building (in feet)	Number of Stories Part C –	Square Footage	Municipal Tax Account Num Occupant Loa are true. I am aware that if
Suite or 6BI 7	Room Number: ock Number of Building (in feet) I certify that all state of the foregoing states	Number of Stories Part C – ements made by me on t	Square Footage Certification his registration application fully false, I am subject to p	County: Count Num Occupant Loa are true. I am aware that if punishment.
Suite or 6BI 7	Room Number: ock Number of Building (in feet) I certify that all state of the foregoing states	Number of Stories Part C –	Square Footage Certification his registration application fully false, I am subject to p	Municipal Tax Account Num Occupant Loa are true. I am aware that if
Suite or 6BI 7Height of	ock Number of Building (in feet) I certify that all state of the foregoing states	Number of Stories Part C – ements made by me on t	Square Footage Certification his registration application fully false, I am subject to proceed to proceed the second seco	County: Count Num Occupant Loa are true. I am aware that if punishment.
Suite or 6BI 7Height of	ock Number of Building (in feet) I certify that all state of the foregoing states	Number of Stories Part C – ements made by me on tements made me are willing the completing This	Square Footage Certification his registration application fully false, I am subject to proceed to proceed the second seco	County: Municipal Tax Account Num Occupant Loa are true. I am aware that if punishment. Date
Suite or 6BI 7Height of	ock Number of Building (in feet) I certify that all state of the foregoing states Signature of Owner of	Number of Stories Part C – ements made by me on tements made me are willing the completing This	Square Footage Certification his registration application fully false, I am subject to proceed from this Form	County: Municipal Tax Account Num Occupant Loa are true. I am aware that if punishment. Date
