

# OFFICE OF THE FIRE MARSHAL/BFP

123 MAPLE AVENUE SOUTH PLAINFIELD, NEW JERSEY 07080

Phone:908-756-4761 Fax: 908-754-1367

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## FIRE SAFETY LIFE HAZARD REGISTRATION FORM

The attached form must be filled out and returned to the OFFICE OF THE FIRE MARSHAL/BFP at the above listed address within 30 days. PLEASE DO NOT SEND THIS FORM DIRECTLY TO TRENTON ! This form is for your New Jersey State Life Hazard Registration as required under N.J.A.C. 5:18-s.6(b). Any questions please call us at the above number.

*Owners of possible Life Hazard Use businesses must complete 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: Name:** \_\_\_\_\_  
Last First Middle

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

**Address:** \_\_\_\_\_  
PO Box Number or Street Number and Street 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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ Required

**3. Person To Receive Certified Mail or Other Notices. If Same As Owner, Write "Same" (Address must not be a PO Box)**

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

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

Number

Street Name

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_ Required

**4. Briefly describe the building types and / or businesses you own.**

\_\_\_\_\_

-----PartB – Business Location Information -----

5. Name of Building of Business:\_\_\_\_\_

Building Location:\_\_\_\_\_

Number and Street

Suite Number:\_\_\_\_\_Municipality:\_\_\_\_\_County:\_\_\_\_\_

6. \_\_\_\_\_

Block Number	Lot Number	Municipal Tax Account Number
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7. _____			
Height of Building (in Feet)	# of Stories	Square Footage	Occupant Load

-----Part C – Certification -----

**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
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Printed Name of Owner or Agent Completing this Form	Title
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Street Address of Owner or Agent Completing This Form

City	State	Zip Code
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Telephone Number of Owner or Agent Completing This Form:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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FOR FIRE OFFICIAL/DFS USE ONLY

USECODE (S) \_\_\_\_\_

LEA Number \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ NewApplication \_\_\_\_\_ Transfer

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