

LIFE-HAZARD USE
STATE OF NEW JERSEY REGISTRATION FORM

NAME OF BUSINESS: _____

STREET: _____ **SUITE/BLDG:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

BUSINESS OWNERSHIP INFORMATION

1. Ownership Type:

Individual/Sole Proprietorship Corporation LLC

2. For Individual/Sole Proprietorship:

Name: _____

Full Address: _____

Email: _____ Phone #: _____

3. For Corporation, LLC or Other:

Organization Name: _____

Full Address: _____

Email: _____ Phone #: _____

Contact: _____ Phone #: _____

4. Federal Taxpayer ID Number (W9): _____

5. Does the Owner of the Business own the Building/Property? Yes No

6. If you answered NO to Question 5, fill out Question 6:

Property Owners Name: _____

Full Address: _____

Email: _____ Phone #: _____

7. Emergency Contact Information:

Name: _____ Job Title: _____

Email: _____ Phone #: _____

Name: _____ Job Title: _____

Email: _____ Phone #: _____

(Complete Back Page)

BUILDING INFORMATION

1. **Pre 1977 Construction:** Yes No CO Date: _____
2. **Block:** _____ **Lot:** _____
3. **# of Stories:** _____
4. **# of Stories Below Grade:** _____
5. **Total Square Feet:** _____
6. **Maximum Occupancy:** _____
7. **# of Exits:** _____
8. **Grade Height:** _____
9. **Construction Type:** Frame Masonry and Concrete Masonry Steel Exterior
Masonry Wall and Frame Combination
- Type 1A - Concrete Type 1B – Concrete Type 2A – Steel Type 2B – Steel Type
2C – Steel Type 3A – Masonry/Wood Type 3B – Masonry/Wood Type 4 – Heavy
Timber Type 5A – Wood Type 5B – Wood N/A
10. **Heat Fuel Source:** Electric Gas Geothermal Liquified Natural Gas (LNG)
Liquified Petroleum Gas (LPG) Oil Wood None N/A
11. **Heat Type:** Forced Air Hot Water/Radiator Radiant Steam None N/A
12. **Alternate Power Source:** None N/A Solar Geothermal Wind
13. **Back-Up Power Source:** None N/A Battery Emergency Generator Multiple
Grids from Power Company
14. **Emergency Generator Powered Devices:** Select All Emergency Lights Exit
Lights Fire Detection System N/A
15. **Roof Characteristics:**
- Number of Roof Hatches:** _____
- Roof Construction:** Concrete Metal Truss Wood N/A Roof
Coverings: Select All Asphalt Shingles Asphalt/Tar Metal Rubber Slate
Tile N/A Roof Truss Type: Bowstring Metal Steel Bat Joist Wood N/A
- Truss Roof Construction:** Yes No
- Number of Roof Skylights:** _____
18. **Solar Panels:** Yes No