



# NEPTUNE FIRE PREVENTION BUREAU



1120 CORLIES AVE, EAST SIDE OF FIREHOUSE

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FIRE OFFICIAL

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## 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

1 3 3 4 - \_\_\_\_\_ - 0 0 1 - 0 1

### -----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 Initial

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

Address: \_\_\_\_\_  
PO Box Number or Street Number and Name

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

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

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.

**Federal Employer (Tax ID) Number**

**Social Security Number (For Private / Individual Only)**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### FOR OFFICIAL / DFS USE ONLY

USE CODE (S) : \_\_\_\_\_

LEA Number: 1 3 3 4 - 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 PO Box)

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

Address: \_\_\_\_\_  
Number Street Name

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

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

Email: \_\_\_\_\_

**4. Briefly describe the building types and / or uses of business you own.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----**Part B – Business Location Information**-----

(Physical location and name of the business)

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

Building Location: \_\_\_\_\_  
(Number and Street)

6. \_\_\_\_\_  
Block Number Lot Number Municipal Tax Account Number

Suite or Room Number: \_\_\_\_\_ Municipality: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_  
Height of Building (in feet) Number of Stories Square Footage Occupant Load

7. \_\_\_\_\_

-----**Part C – Certification**-----

8. I certify that all the 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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_