

# **Bureau of Fire Prevention Office of the Fire Marshal**

Runnemede Municipal Building 24 N. Black Horse Pike Runnemede, NJ 08078 856-939-2817 Fax: 856-939-3030 Walter Scott Hill III Fire Official UFD

## **Fire Safety Registration Form**

Owners of a possible Life Hazzard Use businesses must complete and file this from 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

#### **Business Ownership (Mark Correct Box):**

[ ] Corporation	[ ] Private/Individual	[ ] Partnership	[ ]Condominium
[ ] Cooperative	[ ] Government Agency	[ ] LLC Corporation	
Business/Corporation Mailing	Address:		
If Private/Individual Name	:		
	Last	First	Middle Initial
If Other:			
Give Full Leg	al Name of Ownership, Incl	uding Corporation, Incorp	porated, Partnership, T/A etc.
Address:	P.O. Box Number or Stree	t Number and Name	
	P.O. Box Number of Stree	et number and name	
City:	State: _	Zip C	Code:
Telephone: (	)		_
Federal Employer (Tax ID) Nu	mber	Social Security Number	r (For Private/Individual Only)

**Continued on Reverse Side** 

### Person to receive Certified Mail or other notices. If same as Owner, Write "Same" (Address must not be a P.O. Box)

Name:			
Address:			
Ν	lumber	Street Name	
City:		State:	Zip Code:
efly describe the buildir	ng types and/or us	ses or businesses you own	n.
	Part B- Bı	isiness Location Info	ormation
		cation and name of the	
me of Building or Busin	ess:		
Building Location:			
Dunding Location.		(Number and Street)	
Suite or Room Nun	nber N	lunicipality:	County:
Block Number:	L	ot Number:	Height of Building:
Number of Stories:	Se	quare Footage:	Occupant Load:
	P	art C- Certification	
I certify that all statem	ents made by me	on this registration appli	cation are true. I am aware that if
of the foregoing	g statements mad	e by me are willfully fals	e, I am subject to punishment.
Signature of Owned	or Agant Compla	ting This Form	Data
Signature of Owner	of Agent Comple	ting This Form	Date
		nnleting This Form	Title
Printed Name of Ov	wher or Agent Cor	inpreting rins rorm	
Printed Name of Ov	wher or Agent Cor	ipicting This Form	
Printed Name of Ov Home Address of C			
		Zip Code	