



UPPER DEERFIELD TOWNSHIP

BUREAU OF FIRE PREVENTION

P.O. Box 5098
1325 State Highway 77
Seabrook, NJ 08302

Phone: (856) 455-9591 • Fax: (856) 451-5006

NON-LIFE HAZARD USE REGISTRATION FORM

REGISTRANT INFORMATION

1. Business Ownership (mark the correct box)
- (0) Corporation (1) Private/Individual (2) Partnership (3) Condominium
- (4) Cooperative (5) Government (6) LLC Corporation

2. Business Owner Mailing Address:

If Private/Individual: Name _____
(Last) (First) (Middle Initial)

If other: _____
(Give FULL legal name of Ownership, Corp., Partnership, LLC, etc.)

Address: _____
(P.O. Box Number or Street Number and Name)

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Federal I.D. Number: _____

OWNER INFORMATION

Building Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Phone Number: (____) _____

Business Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Phone Number: (____) _____

Emergency Contacts:

Name: _____ Phone Number: (____) _____

Name: _____ Phone Number: (____) _____

Name: _____ Phone Number: (____) _____

BUSINESS LOCATION INFORMATION

Name of Building or Business: _____

Building Location: _____

Suite or Room Number: _____ Municipality: _____ County: _____

Business Phone Number: (____) _____ Block Number: _____ Lot Number: _____

Height of Building: _____ Number of Stories: _____ Square Footage: _____ Occupant Load: _____

Brief Description of Business:

The Uniform Fire Code States:

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 19A.12.1 shall apply annually to the Local Enforcing Agency for a certificate of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt.

I hereby acknowledge that I have read this application, that the information given is correct, that I am the owner or duly authorized to act in the owner's behalf, and as such hereby agree to comply with the applicable requirements of the Uniform Fire Safety Code as well any specific conditions imposed by the Fire Official.

Print Name: _____ Signature: _____

Title: _____ Date: _____

Office Use Only

LEA Registration Number: _____ Entered In ESP Software: Y N Registered With City Y N

BOCA Use Group: _____ Registration Fee: _____ () New Application () Transfer of Ownership

Entered By: _____ Date: _____