STATE OF NEW JERSEY

LIFE-HAZARD USE

REGISTRATION FORM

NAME OF BUSINESS:

ADDRESS:

CITY: STATE: ZIPCODE:

Date Business Opened:

OWNERSHIP INFORMATION

1. Ownership Type:

☐ Individual/Sole Proprietorship ☐ Corporation ☐ LLC

2. For Individual/Sole Proprietorship:

First Name: Last Name:

Address:

Phone Contact:

Email Address:

3. For Other Types of Ownership:

Organization Name:

Mailing Address:

Phone Number:

Email Address:

Business Phone:

Job Title:

First Name: Last Name:

Address:

Phone Contact:

4. Federal Employer ID Number:

5. Registered Agent Same as Owner? ☐ Yes ☐ No

6. If you answered NO to Question 5:

Agent First Name: _____ Last Name: _____

Address: _____

Phone Contact: _____

Email Address: _____

7. Property Ownership Contact:

First Name: _____ Last Name: _____

Address: _____

Phone Contact: _____

Job Title: _____

Email Address: _____

8. Emergency Contact:

First Name: _____ Last Name: _____

Address: _____

Phone Contact: _____

Job Title: _____

Email Address: _____

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: # of Roof Hatches _____

16. 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 Bar Joist ☐ Wood ☐ N/A

17. Truss Roof Construction: ☐ Yes ☐ No

18. # of Roof Skylights: _____

19. Solar Panels: ☐ Yes ☐ No