

STATE OF NEW JERSEY

LIFE-HAZARD USE

REGISTRATION FORM

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

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: _____

9. Grade Height: _____

10. 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

11. Heat Fuel Source:

- Electric Gas Geothermal Liquefied Natural Gas (LNG) Liquefied Petroleum Gas (LPG)
- Oil Wood None N/A

12. Heat Type:

- Forced Air Hot Water/Radiator Radiant Steam None N/A

13. Alternate Power Source:

- None N/A Solar Geothermal Wind

14. Back-Up Power Source:

- None N/A Battery Emergency Generator Multiple Grids from Power Company

15. Emergency Generator Powered Devices:

- Select All Emergency Lights Exit Lights Fire Detection System N/A

16. Roof Characteristics: # of Roof Hatches _____

17. 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

16. Truss Roof Construction: Yes No

17. # of Roof Skylights: _____

18. Solar Panels: Yes No