

TOWNSHIP of MANALAPAN - BUREAU of FIRE PREVENTION

120 Route 522 & Taylors Mills Road o Manalapan, NJ 07726

APPLICATION FOR REGISTRATION/UPDATE

(Please type or print clearly)

All information will be kept confidential. For Emergency Fire and Police Department use.

1. Date of Application _____ 2. Block: _____ Lot: _____
3. Name of Business _____
4. Physical Address of Business _____
5. Name of Shopping Center or Office Building _____
6. Premises Phone Number _____
7. NJ Life Hazard Use (LHU) Registration # _____ Use Type: _____

Business Information (Check one): Corporation LLC Partnership Privately Owned Non-Profit

1. Registered Name _____
2. Mailing Address _____
3. City, State, Zip _____
4. Phone _____ Email _____
5. Business Fed ID#: _____

Business Owner Personal Information

1. Business Owner's Name _____
2. Business Owner's Home Address _____
3. Business Owner's City, State, Zip _____
4. Business Owner's Phone _____

Send Mail To (Circle One): 1. Property 2. Building Owner 3. Business Owner 4. Property Manager

Name of Person to receive legal notices and inspection reports: _____

Email Address (Cannot be a general email address): _____

Landlord/Building Owner and, if applicable, Property Manager Information

1. Landlord Name _____
2. Landlord Mailing Address _____
3. Landlord Phone _____ Fed ID #: _____
4. Property Manager Company _____
5. Property Manager Address _____
6. City, State, Zip _____
7. Property Manager Contact _____ Phone _____

Name & Phone of Key Holders for Emergencies After Hours:

- 1. Contact #1 Name: _____
 Contact #1 Phone - Cell: _____ Home: _____
- 2. Contact #2 Name: _____
 Contact #2 Phone -- Cell: _____ Home: _____
- 3. Contact #3 Name: _____
 Contact #3 Phone - Cell: _____ Home: _____

Insurance Company Information:

- 1. Insurance Company _____
- 2. Address _____
- 3. Phone _____ Agent: _____

Business Use Information

- 1. Occupancy Load _____ 2. Construction Use Group Class _____ 3. LHU Group _____
- 4. Type of Use (see attached) _____
- 5. Describe what your business does: _____

- 6. Describe any proposed construction, alterations, additions or changes of the site _____

- 7. Are Hazardous Materials stored on premises? No Yes (If yes, provide MSDS)
- 8. Number of stories of your business _____ Square Footage by floor _____
- 9. Type of Construction _____
- 10. Truss Construction (Circle One): Roof Floor Floor & Roof
- 11. Heating System: Gas Oil Electric Other _____ Type: Hot Air Hot Water Steam
- 12. Do you have a Fire Sprinkler System? Yes No
- 13. Do you have a Kitchen Hood Suppression System? Yes No
- 14. Do you have a Fire Alarm System? Yes No
- 15. Alarm Company Name _____
- 16. Alarm Company Phone _____

I, the undersigned, certify that the above information is correct to the best of my knowledge.

Signed: _____ Title: _____

Print: _____

Type of Business:

Agriculture

Assembly

Business – Places where services are provided

Children's Camp

Day Care Adult/Children

Eating/Drinking

Explosives

Flammables

Fuel Distribution/Storage

High Rise/Covered Mall/Atrium

Institutional

Lodging

Manufacturing

Auto/Motor Repair

Recreational

Retail/Mercantile – Places where goods are displayed and sold

School/Education

Spraying

Storage/Warehouse

Welding