

# LOPATCONG TOWNSHIP FIRE PREVENTION BUREAU

232 SOUTH THIRD STREET  
PHILLIPSBURG, N.J. 08865

908-859-3355 ext.233

908-859-2730 FAX

FIRE SAFETY CODE: APPLICATION FOR CERTIFICATE OF INSPECTION

PREMISES: \_\_\_\_\_ I.D.# \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION: \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

Pursuant to the Code of the Township of Lopatcong and NJSA 52:27D-205, *within 30 days*, following inspection of a life hazard use, the owner shall file an application for a certificate of inspection on forms provided by the enforcing agency. You are required to supply the information requested below as a condition of receiving a certificate. In addition, NO certificate will be issued until ALL violations have been corrected. Failure to file the application will result in a monetary penalty.

OWNER: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ CORPORATION: Federal I.D.# \_\_\_\_\_

AUTHORIZED AGENT FOR: Acceptance of mail, actions, orders and notices.

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ Bus.Phone \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

BUILDING INFORMATION:

Address: \_\_\_\_\_

Height: \_\_\_\_\_ Number of Stories \_\_\_\_\_ Age \_\_\_\_\_

Gross Square Footage of entire building (outside measurements) \_\_\_\_\_

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BUILDING OWNER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

NAME OF PERSON RESPONSIBLE FOR MAINTENANCE OF BUILDING:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

BUSINESS/ USE INFORMATION:

Describe business or building use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gross floor area of business or use: \_\_\_\_\_ SQUARE FEET

Location of business or use inside building: \_\_\_\_\_

\_\_\_\_\_

NAME OF PERSON RESPONSIBLE FOR MAINTENANCE OF BUSINESS PREMISES:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

I certify that all statements made by me in this registration are true and correct to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_