

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: _____