

# 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: NON-LIFE HAZARD USE REGISTRATION / UPDATE

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

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

Pursuant to the Code of the Township of Lopatcong No.119-9 and NJAC 5:18-1 et.seq., all uses, except single and two family owner occupied dwellings, shall register with the Fire Prevention Bureau and be inspected annually. Upon payment of the required inspection fee and abatement of any and all fire code violations, a certificate of inspection will be issued. Every person or business that is sent a registration application must return same, completed in it's entirety, within fifteen (15) days. Failure to file the application will result in a monetary penalty.

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

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

Telephone: (    ) \_\_\_\_\_ Federal ID# \_\_\_\_\_

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) \_\_\_\_\_

**BUILDING OWNER:**

Name: \_\_\_\_\_ Federal ID# \_\_\_\_\_

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: \_\_\_\_\_