

Please return completed printed or typed application form with fee to: \$ 50.00
Lodi Fire Prevention Bureau, 1 Memorial Drive, Room 205, Lodi, New Jersey, 07644

DATE: _____ NO.: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____

DESCRIBE THE FUNCTION OF YOUR BUSINESS:

WHAT HAZARDOUS MATERIALS WILL BE STORED ON THIS SITE:

Building Information: Height _____ Length _____ Width _____

Square feet your business will occupy: _____

Type of construction of the building: (check all that apply)

Masonry _____ Wood Frame _____
Steel Truss Roof _____ Bow Truss Roof _____

Location of your business in building:

Front _____ Rear _____
Entire building _____ Left side _____
Right side _____ Offices _____

Building Owner:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

*Responsible party for maintenance of building:

Building Owner _____ Business Owner _____

* Check with your landlord and your lease as certain fire code violations may revert to the building owner and not you as the business owner.

Fire Safety Registration Form, Page 2

The information you provide below is strictly CONFIDENTIAL and will only be used for fire emergencies. This information is necessary to contact persons in charge of the facility in gaining access or to reset fire alarm systems. However, should there be visible signs of smoke, fire, or any detectable odors present, the fire department will force entry as deemed necessary by the incident commander.

Business Owner:

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____

Emergency Contacts

Name: _____
Home Town: _____
Phone Number: _____

Name: _____
Home Town: _____
Phone Number: _____

Name: _____
Home Town: _____
Phone Number: _____

Fire Alarm Information:

Alarm Company Name: _____
Alarm Company Address: _____
Phone Number: _____

Sprinkler Service Company:

Company Name: _____
Company Address: _____
Phone Number: _____

Sprinkler Control Valve Location: _____
Gas & Electric Shut Off Location: _____
Nearest Fire Hydrant Location: _____

By signing below, I certify that the forgoing information is true and accurate to the best of my knowledge. I am aware that if any of the information provided by me is willfully false, I am subject to punishment under the New Jersey Uniform Fire Code and any other applicable laws which may apply.

Signature of person completing this form: _____

Business Owners Name: _____