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

DATE:	NO.:
BUSINESS NAME:	
ADDRESS:	•
PHONE:	
DESCRIBE THE FUNCT	TON OF YOUR BUSINESS:
WHAT HAZARDOUS M	ATERIALS WILL BE STORED ON THIS SITE:
Building Information:	Height Width
Square feet your business	will occupy:
Type of construction of the	e building: (check all that apply)
Masonary Steel Truss Roof	Wood Frame Bow Truss Roof
Location of your business in Front Entire building Right side	in building: Rear Left side Offices
Building Owner:	
Name:	·
Home Address:	
City:	State: Zip:
Telephone:	
*Responsible party for mair	
Building Owner	Business Owner

<sup>\*</sup> 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.

Home Address:   Zip:	<b>Business Owner:</b>					
City:         State:         Zip:           Home Phone:	Name:					
Home Phone:   Cell Phone:	Home Address:					
Home Phone:   Cell Phone:	City:	State:	Zip: _			
Emergency Contacts   Name: Home Town:   Phone Number: Phone Number:   Name: Home Town:   Phone Number: Phone Number:   Fire Alarm Information: Alarm Company Name:   Alarm Company Address: Phone Number:   Sprinkler Service Company: Company Address:   Phone Number: Sprinkler Control Valve Location:   Gas & Electric Shut Off Location: Gas & Electric Shut Off Location:	Home Phone:					
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:	~ 11 T					
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:	Emergency Contact	<u>ts</u>				
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:	Name:					
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Phone Number:  Sprinkler Service Company: Company Name: Company Address: Phone Number:  Sprinkler Control Valve Location: Gas & Electric Shut Off Location:	Alarm Company Nar	ne:				
Sprinkler Service Company:  Company Name:  Company Address:  Phone Number:  Sprinkler Control Valve Location:  Gas & Electric Shut Off Location:	Alarm Company Add	iress:				
Company Name:  Company Address:  Phone Number:  Sprinkler Control Valve Location:  Gas & Electric Shut Off Location:	Phone Number:			**************************************		
Company Name:  Company Address:  Phone Number:  Sprinkler Control Valve Location:  Gas & Electric Shut Off Location:	Sprinkler Service C	ompany:				
Company Address:  Phone Number:  Sprinkler Control Valve Location:  Gas & Electric Shut Off Location:						
Phone Number:  Sprinkler Control Valve Location:  Gas & Electric Shut Off Location:						
Gas & Electric Shut Off Location:	Phone Number:					
Gas & Electric Shut Off Location:	Sprinkler Control Va	lve Location	n:			

## LODI POLICE DEPARTMENT NEW/CHANGE OF BUSINESS – CAD INFORMATION SHEET

Business/Commercial Property Ad	ldress	,	
Name of New Business	•		
Business Phone #			
Occupancy Date			
Previous Name of Business			·
New Business Type			
Previous Business Type			
LANDLORD/OWNER INFORM	IATION:		
Name			
Address			
Telephone		<del></del>	
Cell		<del></del>	
TENANT INFORMATION:			
Name			
Address			
Tolonhous			
Telephone	***************************************		
Cen			•
EMERGENCY CONTACTS FO	R OWNER/I	TENANT	
Name	AC O WINDAW A	LEEL VERT VE	
Talanhana			
1 elebuone	***************************************		
Name			
Telephone			
Hazardous materials on premises	? No	Yes	If yes, what
type and quantity?		•	-
Other information important to p	iolice respons	es:	
*******DO NOT	WRITE BELO	OW THIS LINE	<b>,</b> *******
Entered in CAD?	Y/20 X	Νīα	
Entered in CAD? By Whom?	Yes N	νυ	
by wnom: Date/Time			
Date/1 ime Dispatcher/Officer Signature	transport to the second to the		

, A	r	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 othe applicable laws which may apply.
		Signature of person completing this form:
		Business Owners Name: