



**MIDDLESEX COUNTY FIRE MARSHAL**  
**1001 Fire Academy Drive**  
**Sayreville, NJ 08872**  
**732-316-7171 (office) 732-316-7638 (fax)**

APPLICATION FOR REGISTRATION OF BUSINESS  
 (please print or type all information)

.....  
 This area office use only

Local I.D. #: \_\_\_\_\_ State I.D. #: \_\_\_\_\_ Date Registered: \_\_\_\_\_  
 .....

Business Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone # \_\_\_\_\_

Block/Lot: \_\_\_\_\_ Do you...OWN or LEASE the property (circle one)

Building Owner's Name: \_\_\_\_\_  
 Federal I.D. # \_\_\_\_\_ Phone/Fax # \_\_\_\_\_  
 Street Address: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_  
 Federal I.D. # \_\_\_\_\_ Phone/Fax # \_\_\_\_\_  
 Street Address: \_\_\_\_\_

Business Type: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Manager/Agent: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone/Fax # \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Emergency Contact #2: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Emergency Contact #3: \_\_\_\_\_ Phone # \_\_\_\_\_

Alarm/Protection System Information:  
 Protection System: \_\_\_\_\_  
 Detection System: \_\_\_\_\_  
 Alarm Panel Loc'n: \_\_\_\_\_  
 Alarm Co. Name: \_\_\_\_\_ Phone/Fax # \_\_\_\_\_

.....  
This area office use only  
Local I.D. #: \_\_\_\_\_ State I.D. #: \_\_\_\_\_ Date Registered: \_\_\_\_\_  
.....

Description of Use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Construction Information:  
Building Stories: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
Truss Construction: Floor Roof Floor/Roof (circle one)  
Square Footage: \_\_\_\_\_  
Siamese Connection: \_\_\_\_\_  
Standpipe System: \_\_\_\_\_  
Sprinkler Shutoff: \_\_\_\_\_  
Knox Box Location: \_\_\_\_\_  
Nearest Hydrant: \_\_\_\_\_  
Nearest Cross Street: \_\_\_\_\_  
Basement: Yes No Attic: Yes No  
Basement Sprinkler: Full Partial None  
Special Hazards: \_\_\_\_\_  
Gas Shutoff: \_\_\_\_\_  
Electric Shutoff: \_\_\_\_\_  
Heating Shutoff: \_\_\_\_\_  
Egress Lighting: \_\_\_\_\_  
Exit Doors/# Exits \_\_\_\_\_  
Occupancy Load: \_\_\_\_\_

I CERTIFY THAT ALL STATEMENTS MADE ABOVE ARE TRUE

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

Print Name/Title: \_\_\_\_\_

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

The Uniform Fire Code States:

The owner of all businesses, occupancies, buildings, structures, or premises to be inspected under Section 19A.12.1 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Marshal. It shall be a Violation of this Ordinance for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Marshal within thirty (15) days of receipt. 19A13.2