



LIFE-HAZARD USE – STATE OF NEW JERSEY REGISTRATION FORM

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OWNERSHIP INFORMATION

1. Ownership Type:

☐ Individual/Sole Proprietorship ☐ Corporation ☐ LLC

2. For Individual/Sole Proprietorship

First Name: _____ Last Name _____

Address: _____

Phone Contact: _____

Email Address: _____

3. For Other Types of Ownership

Organization Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Business Phone: _____

Job Title: _____

First Name: _____ Last Name _____

Address: _____

Phone : _____

4. Federal Employer ID Number: _____

5. Registered Agent Same as Owner? ☐Yes ☐No

6. If you answered NO to Question 5:

Agent First Name: _____ Last Name _____

Address: _____

Phone : _____

Email Address: _____

7. Property Ownership Contact:

First Name: _____ Last Name _____

Address: _____

Phone : _____

Job Title: _____

Email _____

8. Emergency Contact:

First Name: _____ Last Name _____

Address: _____

Phone : _____

Job Title: _____

BUILDING INFORMATION

1. Pre 1977 Construction ☐Yes ☐No CO Date_____

2. Block _____ Lot_____

3. # of Stories_____

4. # of Stories Below Grade_____

5. Total Square Feet_____

6. Maximum Occupancy_____

7. # of Exits_____

8. **Grade Height**_____

9. **Construction Type:** ☐Frame ☐Masonry and Concrete ☐Masonry Steel ☐Exterior Masonry Wall and Frame ☐Combination

☐Type 1A - Concrete ☐Type 1B – Concrete ☐Type 2A – Steel ☐Type 2B – Steel
☐Type 2C – Steel ☐Type 3A – Masonry/Wood ☐Type 3B – Masonry/Wood ☐Type 4 – Heavy Timber ☐Type 5A – Wood ☐Type 5B – Wood ☐N/A

10. **Heat Fuel Source:** ☐Electric ☐Gas ☐Geothermal ☐Liquified Natural Gas (LNG)
☐Liquified Petroleum Gas (LPG) ☐Oil ☐Wood ☐None ☐N/A

11. **Heat Type:** ☐Forced Air ☐Hot Water/Radiator ☐Radiant ☐Steam ☐None ☐N/A

12. **Alternate Power Source:** ☐None ☐N/A ☐Solar ☐Geothermal ☐Wind

13. **Back-Up Power Source:** ☐None ☐N/A ☐Battery ☐Emergency Generator
☐Multiple Grids from Power Company

14. **Emergency Generator Powered Devices:** ☐Select All ☐Emergency Lights ☐Exit Lights ☐Fire Detection System ☐N/A

15. **Roof Characteristics:** # of Roof Hatches_____

Roof Construction: ☐Concrete ☐Metal ☐Truss ☐Wood ☐N/A **Roof Coverings:**
☐Select All ☐Asphalt Shingles ☐Asphalt/Tar ☐Metal ☐Rubber ☐Slate ☐Tile ☐N/A
Roof Truss Type: ☐Bowstring ☐Metal ☐Steel Bat Joist ☐Wood ☐N/A

16. **Truss Roof Construction** ☐Yes ☐No

17. **# of Roof Skylights**_____

18. **Solar Panels** ☐Yes ☐No