

Please return completed printed or typed application form with fee to: **Fee: \$65.**  
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: \_\_\_\_\_