



Eastampton Township
 Bureau of Fire Prevention
Office of the Fire Marshal

12 Manor House Court Eastampton, New Jersey 08060
 Phone (609) 267-5723 ext. 203 Cell (609) 676-6967
 www.eastampton.com/fm Firemarshal@eastampton.com



Fire Dept. Use Only
Entered _____ Insp. Grid. _____ Insp. _____

DATE: _____

REGISTRATION INFORMATION – PLEASE PRINT OR TYPE ALL INFORMATION AS REQUIRED

PLEASE CHECK ONE:

NEW TENANT

CHANGE OF OWNERSHIP

RENOVATIONS OF EXISTING TENANT

UPDATE OF INFORMATON

Eastampton Township Bureau of Fire Prevention enforces State Legislation, Public Law 1983, Chapter 383 N.J.S.A. 52: 27D-192 et. Seq. that provides for the establishment of a Uniform State Fire Safety Code. This requires the annual registration and periodic fire inspections of all businesses and buildings. Every business and / or building owner must respond. The application must be returned to this office within 30 days with all items completed. Failure to do so will constitute a violation of State Regulations and may be subject to a penalty fine of not less than \$100.00 and not more than \$1,000.00. **IN ORDER TO KEEP EASTAMPTON TOWNSHIP A FIRE SAFE COMMUNITY, WE ARE ASKING FOR YOUR FULL COOPERATION.**

1. **NAME OF BUSINESS:** _____

PHYSICAL STREET ADDRESS: _____ Eastampton, NJ 08060

BUSINESS PHONE #: _____

CONTACT PERSON: _____

CONTACT PERSON EMAIL: _____

DESCRIPTION OF BUSINESS: _____

SQUARE FOOTAGE OF BUSINESS (REQUIRED): _____

IF THIS IS AN EXPANSION OF AN EXISTING BUSINESS AT THIS LOCATION, WHAT IS THE TOTAL NEW SQUARE FOOTAGE? _____

OCCUPANCY LOAD: _____ IS ALCOHOL SERVED? _____

2. **OWNER OF BUSINESS:** _____

OWNER ADDRESS _____

OWNER PHONE #: _____ OWNER

EMAIL: _____

3. **PREVIOUS TENANT (if applicable):** _____

4. IF BUSINESS IS A CORPORATION:

PRESIDENT: _____

CORPORATE HEADQUARTERS ADDRESS : _____

CORPORATE TELEPHONE #: _____

5. LANDLORD/OWNER OF BUILDING: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE #: _____

6. FACILITIES MANAGER / RESPONSIBLE PARTY FOR THIS BUSINESS, IF DIFF THAN #1

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

7. BILLING/BUSINESS MAILING ADDRESS, IF DIFFERENT THAN #1

BILLING NAME: _____

BILLING ADDRESS, CITY, STATE: _____

BILLING PHONE: _____

8. LIST UP TO TWO 24/7 EMERGENCY CONTACT PERSONS (KEPT CONFIDENTIAL)

NAME: _____ NAME: _____

CELL PHONE: _____ CELL PHONE: _____

9. DESCRIBE BRIEFLY ANY FLAMMABLE, COMBUSTIBLE LIQUIDS OR HAZARDOUS MATERIALS AND CHEMICALS HANDLED OR STORED:

I CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS REGISTRATION ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO THE PENALTIES PRESCRIBED BY LAW.

SIGNATURE OF OWNER OR REPRESENTATIVE: _____

PRINTED NAME OF OWNER OR REPRESENTATIVE: _____