



# TOWNSHIP OF WEST ORANGE

415 VALLEY ROAD, WEST ORANGE, N.J. 07052

## FIRE DEPARTMENT

## FIRE PREVENTION BUREAU

E-mail: Fireofficial@westorange.org/Fireprev@westorange.org

Robert D. Parisi  
*Mayor*

Tel: (973) 325-4175  
Fax: (973) 669-1080

Anthony Vecchio  
*Fire Chief*

Fredrick Kingston  
*Fire Official*

### Fire Safety Registration Form

All occupancies should be registered with the **exception** of, owner occupied **1 and 2 family homes**. Owners of possible Life Hazard Use businesses must complete and file this form in accordance with the Uniform Fire Safety Act N.J.A.C. 52:27D-192 et seq. Failure to do so may result in a penalty of up to \$1,000.00.

**Type of Business:** \_\_\_\_\_

**1. Is your business (check one):**

Convenience Store  Deli  Hair/Nails  Storage (what will be stored at facility \_\_\_\_\_)  
 Office  Retail Store (what will be sold \_\_\_\_\_)  Gas Station  Auto Repair  
 Auto Body  Movie Theater  Restaurant (Alcohol Served  Yes  No) (# of tables \_\_\_\_\_)  
 Medical  Surgical  Hotel  Boarding House  Group Home  Assisted Living Facility  
 Day Care  Nursing Home  Senior Building  Funeral Home  Education Building  
 Other (Explain \_\_\_\_\_)

**2. Type of ownership (check correct type)**

Corporation  Private/Individual  Partnership  Condominium  Cooperation  LLC  
 Government Agency  Other (if other describe type here) \_\_\_\_\_

**3. Business/ Corporation Mailing Address:**

Name: \_\_\_\_\_  
Give FULL legal name of ownership, including corporation, Incorporated, Partnership, T/A etc.

Address: \_\_\_\_\_  
PO Box number or street number and name

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Federal Employer (Tax ID) Number Social Security Number (For Private/Individual Only)  
**In accordance with N.J.S.A. 52:27D-201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its programs notification system.**

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**4. Name of Business:** \_\_\_\_\_

Business location: \_\_\_\_\_

Suite/Room or Floor number: \_\_\_\_\_ Municipality: \_\_\_\_\_ County: \_\_\_\_\_

Block number: \_\_\_\_\_ Lot number: \_\_\_\_\_ Telephone number of Business: \_\_\_\_\_

\_\_\_\_\_  
Height of Building in feet      Number of stories      Square footage      Occupant load

\_\_\_\_\_  
Manager of Business/Person of Contact      Hours of Operation      Number of Employees

**5. Fire Alarm/Sprinkler/Kitchen Suppression**

Does your business/occupancy have any of the following:

Fire Alarm \_\_\_\_ YES \_\_\_\_ NO  
if yes, Company name and phone # \_\_\_\_\_

Sprinklers \_\_\_\_ YES \_\_\_\_ NO  
if yes, Company name and phone # \_\_\_\_\_

Kitchen Suppression \_\_\_\_ YES \_\_\_\_ NO  
if yes, Company name and phone # \_\_\_\_\_

**6. Billing Contact:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**7. Building Owner Information:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**8. Emergency Contacts:**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**9. Certification: I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.**

\_\_\_\_\_  
Signature of owner or agent completing this form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of owner or agent completing this form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street address of owner or agent completing this form

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone of owner or agent completing this form

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail of owner or agent completing this form

**Return to address on letterhead via fax, mail or e-mail.**