

LIFE HAZARD USE REGISTRATION
SERVING THE TOWNSHIPS OF RARITAN, KINGWOOD & READINGTON
1 Municipal Drive, Flemington, NJ 08822
908-806-6314



firesafety@raritantwpnj.gov

PART A – BUSINESS LOCATION INFORMATION

Business Name: _____
Physical Address: Street: _____ Suite(s): _____
Business Telephone: _____ Block: _____ Lot: _____

PART B – BUSINESS REGISTRATION INFORMATION

Ownership Type: Individual/Sole Proprietorship Corporation LLC Other: _____

Business Owner's Name (if private/individual): _____

Business Name: _____

If incorporated, list corporate officers: _____

Business Mailing Address

Street: _____ Suite: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____ Fed Tax ID: _____

Business Email: _____

Business Use: (brief description of business including any use of flammables, combustibles, or hazardous materials)

Registered Agent – Must be a New Jersey address separate from the business location

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

PART C – PROPERTY OWNER INFORMATION

Property Owner Information (Write same if owned by occupant):

If non-owner occupied, list building landlord or management company information:

Name: _____ Point of Contact: _____

Street Address: _____ Suite: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ E-Mail: _____

TURN OVER AND COMPLETE

PART D – BUILDING INFORMATION

Occupancy Information:

Number of Stories: _____ Height of Building: _____ Solar Panels: _____ Number of Exits: _____
Stories Below Grade: _____ Occupant Load/Units: _____ Truss Construction: _____
Total Square Footage: _____ Number of Skylights: _____ Roof Hatches: _____

Fire Alarm & Fire Suppression Information:

Fire Alarm System: Yes No Name of Contractor: _____
Fire Suppression System: Yes No Name of Contractor: _____
Cooking Suppression System: Yes No Name of Contractor: _____

PART E – EMERGENCY CONTACTS

Emergency Contacts (Other Than Business Owner):

Primary: Name: _____ Title: _____ Phone: _____
E-Mail Address: _____
Secondary: Name: _____ Title: _____ Phone: _____
E-Mail Address: _____

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. I am authorized to complete this application on behalf of the stated business.

Signature of Individual Completing this Form: _____ Date: _____
Printed Name of Individual Completing this Form: _____ Date: _____