

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 7:**

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