

Holmdel Township

FIRE PREVENTION BUREAU

4 Crawford's Corner Road

Holmdel, New Jersey 07733

732-946-2820 ext 1301

David Olsen

Fire Official

N.J.D.F.S. ID No. 120296



FIRE SAFETY REGISTRATION FORM

Pursuant to Township Code Chapter 12, an annual inspection of all businesses operating within the Township by the Fire Prevention Bureau is required. In addition, all business owners must complete and return this Emergency Notification Form within 30 days to the address above. Failure to do so will result in fines and penalties.

Business Information:

Name: _____ Phone: _____

Address: _____ Block _____ Lot: _____

Square Footage/Area the Business occupies: _____ Registration Number: _____ Annual Fee: _____

Business Type: Individual Corporation LLC Partnership Cooperative
 Condominium Government Other: _____

Business Description: _____

Business Hours of Operation: _____

Maximum number of people occupying the business during hours of operation: _____

Other than the normal hours of operation, state the days, times and number of employees/staff that occupy the business:

Federal I.D. Number: _____

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Phone: _____

Landlord Information (If applicable):

Name: _____

Address: _____

City: _____ State: _____ Phone: _____

Federal I.D. Number: _____

Emergency Contact Numbers:

Name: _____ Title: _____

Home Phone: _____ Mobile Phone: _____

Name: _____ Title: _____

Home Phone: _____ Mobile Phone: _____

(Application continued on reverse side)

General Building Information:

Does the Building contain three (3) or more residential dwelling units?: Yes No

If Yes, is the building registered with the department of Community Affairs, State of New Jersey?: Yes No

If Yes, what is the registration number?: _____

Life Safety Systems:

Is there a fire alarm system?: Yes No Date of last service: _____

Is the fire alarm system monitored by a authorized fire alarm monitoring company?: Yes No

Fire Alarm monitoring Company: _____ Phone: _____

Alarm System description and location: _____

Are there exit signs and emergency lights?: Yes No Date of last service: _____

Are there fire extinguishers?: Yes No Date of last service: _____

Is there an emergency generator?: Yes No Date of last service: _____

Hazards:

Type of hazardous materials stored: _____

Where are the hazardous materials stored: _____

Other hazards: _____

Where are the other hazards located: _____

I hereby acknowledge that I have read this application, that the information given and supplied is correct, that I am the owner or duly authorized to act in the owner's behalf, and that as such hereby agree to comply with the applicable requirements of the Uniform Fire Safety Code as well as any specific conditions imposed by the Fire Official.

Print Name _____ Signature _____

Title _____ Date _____

FOR OFFICE USE ONLY

Local ID #: _____ State ID #: _____

Occupancy Load: _____ UFC use group: _____ UCC use group: _____

Local Registration Fee: \$ _____ State Registration Fee: \$ _____

Registration Dates: Sent: _____ Due: _____ Received: _____