



Deptford Fire District
 Office of the Fire Marshal
 1370 Delsea Drive
 Deptford, New Jersey 08096
 LEA Code # 0802-001
 fpote@deptfordfd.org
 Office: 856-848-3098

Business Registration Form

Pursuant to the N.J. Uniform Fire Code, in effect in the Deptford, you are hereby requested to supply the information listed below within THIRTY DAYS of receipt of this application.

FAILURE TO RESPOND TO THIS REGISTRATION SURVEY WITHIN THIRTY (30) DAYS WILL RESULT IN A PENALTY OF \$500.00 FOR EACH OCCURRENCE.

Business Details

Business Name: _____ Business Phone#: () - _____

Business Address: _____ Business Address2: _____
Ex: 102 Pleasant Valley Ave Suite, Unit, Floor, eg., Suite 1

Type of Ownership: Corporation LLC Partnership Condominium Private Gov.Agency Cooperative

Type of Business: _____

UFC Use Group: _____ Occupancy Load: _____

Life Hazard Use: _____ LHU State ID#: _____

Federal I.D.: _____ Hours of Operation: _____

Business Owner

Owner Name: _____ Owned by Corporation Individual
Corporate Name or if individual then first Last and Middle Name

Owner Address: _____ Owner Address2: _____
Corporate or Residence address, eg., 100 Main St Suite, Apt, Floor, eg., Apt 1

Owner City: _____ State: _____ Zip: _____

Owner Phone: () - _____ Owner Mobile Phone#: () - _____

Email Address: _____ Include in Emergency Contact List. If Yes, Contact Seq#

Building Owner Check if Building Owner is same as Business Owner(If different, complete the section below)

Owner Name: _____ Owned by Corporation Individual
Corporate Name or if individual then first Last and Middle Name

Owner Address: _____ Owner Address2: _____
Corporate or Residence address, eg., 100 Main St Suite, Apt, Floor, eg., Apt 1

Owner City: _____ State: _____ Zip: _____

Owner Phone: () - _____ Owner Mobile Phone#: () - _____

Email Address: _____ Include in Emergency Contact List. If Yes, Contact Seq#

Agent/Manager Check if Agent is same as Business Owner(If different, complete the section below)

Agent Name: _____ Agent Title: _____
First Last and Middle Name

Agent Address: _____ Agent Address2: _____
Residence address, eg., 100 Main St Suite, Apt, Floor, eg., Apt 1

Agent City: _____ State: _____ Zip: _____

Agent Phone: () - _____ Agent Mobile Phone#: () - _____

Email Address: _____ Include in Emergency Contact List. If Yes, Contact Seq#

Emergency Contacts (In addition to what is listed as Emergency Contacts Above)

Contact Order	Name (First Last and Middle Name)	Phone#	Alt Phone#	Email
_____	_____	() - _____	() - _____	_____
_____	_____	() - _____	() - _____	_____
_____	_____	() - _____	() - _____	_____

Construction Year: _____ # of Floors: _____ Block: _____ Lot: _____

Attic Basement Roof Hatches SkyLights Exit Signs Emergency Lights

Fire Escape Type _____

Lock Box Location _____

Manufacturer _____ Style _____

Serial# _____ Installed / / _____ Alarmed?

Elevators Location _____ Elevator Recall

Construction Type I-A High Rise I-B Mid Rise I-V Heavy Timber II-A Prot. Non-Comb II-B UnProt. Non-Comb III-A Prot. Comb

III-B UnProt. Comb V-A Port. Woodframe V-B UnPort. Woodframe

Floor Construction Concrete Wood

Bearing Walls Concrete Wood Block Brick Metal Other

Ceiling Plaster Wood Sheet Rock Acoustic Metal Other

Roof Covering Concrete Wood Reinf. Concrete Trusses Metal Other

Heating Oil Gas Electric Hot Water Hot Air Steam

Electric Fuses Circuit Breakers

Electric Wiring EMT-Flexible Metal

Trusses None Floor Roof Roof & Floor

Truss Floor Wood Metalic Hybrid Pratt Parallel

Truss Roof Common Scissors Bowstring Flat Cantilever

of Stairwells _____ # Enclosed _____

Exit Doors/#exists _____ Fire Walls _____

Entry Points _____

Valid C.O.? Yes No N/A Date Issued _____

Area (in Sq. Feet)

Total Sq.Ft: _____ Building: _____ Basement: _____ LHU: _____

Extinguishers Yes No

Test Records: Yes No Location: _____

Cooking Protected: Yes No N/A Test Records: Yes No

Alarms Yes No

SD Hard Wired: Yes No Location: _____

Supervision Type: Not Monitored Monitored Onsite Monitored Remote Auto Dialer

Alarm Company: _____ Test Records: Yes No Test Date: _____

SD Battery: Yes No Location: _____

Supervision Type: Not Monitored Monitored Onsite Monitored Remote Auto Dialer

Alarm Company: _____ Test Records: Yes No Test Date: _____

Heat Detectors: Yes No Location: _____

Supervision Type: Not Monitored Monitored Onsite Monitored Remote Auto Dialer

Alarm Company: _____ Test Records: Yes No Test Date: _____

Manual Pull: Yes No Location: _____

Supervision Type: Not Monitored Monitored Onsite Monitored Remote Auto Dialer

Alarm Company: _____ Test Records: Yes No Test Date: _____

Sprinklers Yes No N/A Full Partial Basement Spray Booth

Sprinkler type: Wet Dry Wet/Dry Anti Freeze Deluge

FDC Connection: Yes Location: _____

Supervision Type: Not Monitored Monitored Onsite Monitored Remote Auto Dialer

Alarm Company: _____ BackFlow Preventor: Yes

Maint. Company: _____ Test Records: Yes No Test Date: _____

Fire Pumps Yes No Rated Capacity: _____

Location: _____ Head Pressure: _____

Power Source: Generator Line-Utility Solar Array Wind Turbine

Maint. Company: _____ Test Records: Yes No Test Date: _____

StandPipes Yes No Wet Dry

FDC Connection: Yes Location: _____

Supervision Type: Not Monitored Monitored Onsite Monitored Remote Auto Dialer

Hose Connection: _____ BackFlow Preventor: Yes

Alarm Company: _____ Test Records: Yes No Test Date: _____

Generators Yes No Power(KW): _____ Location: _____

Manufacture: _____ Fuel Type: _____

Supervision Type: Gas Diesel Natural Gas Propane

Test Records: Yes No Test Date: _____

Hood Systems Yes No Type1 Type2 Location: _____

Maint. Company: _____ Test Records: Yes No Test Date: _____

Other Systems Location: _____

Permits (Add additional sheets if needed)

Permit#	Permit Type	Issue Date	Expiration Date	Annual?
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Hazmat (Add additional sheets if needed)

S#	Chemical Name	Capacity	Activate Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Information

Please Mail or Fax the completed form to the above address. Thank You.