

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

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 REGIDTRATION SURVEY WITHIN THIRTY (30) DAYS WILL RESULT IN A PENALTY OF \$500.00 FOR EACH OCCURRENCE.

Business Name:						Busine	ss Phone#	: ()	-
Business Address:						Busine	ss Address	2:			
	- 5. t/).	2 Himsont alley	K-5					S] آن	Unii, éle	or eg., Suite 1
Type of Ownership:	☐ Corp	oration □ LLC	□ Partner	ship 🗆 C	Condominium	□ Pri	ivate 🗆 Go	ov.Ager	тсу	□ Coop	erative
Type of Business:											
UFC Use Group:						Occupa	ncy Load:				
Life Hazard Use:		LHU State ID#:									
Federal I.D.:						Hours o	of Operation	n:			
Business Owner											
Owner Name:						□ Owne	d by Corpo	oration		Indivi	dual
	Components II	ame or alled vide		Line brid							
Owner Address:						Owner A	Address2:				
	Committee o	Postpener adar	ess, es, syr	Mism st					, Apt	. Floor, e	eg. Apt 1
Owner City:					State			Zip:			
Owner Phone:	()	9				er Mobile Pl		()		
Email Address:					□ In	clude in Em	ergency Co	ontact I	_ist.	If Yes,	Contact Seq#
Building Owner	☐ Check if E	Building Owner	is same as	Busines	s Owner(If dif	ferent, com	plete the s	section	belo	w)	
Owner Name:						☐ Owne	d by Corpo	oration		Individ	dual
	Comporate At	arme or if irrevidu	all hun First	Lest and	Maldir Barrer						
						Owner A	Address2:				
Owner Address:				_		O Mildi					
	Corporatu o	Residence addis	.ss., eç., 100	Main st	2 1.1				, Apt	Floor, e	eg , Apr 1
Owner City:	- W	Residence addin	(ss) eç _{il} 100	Prem st	State): 		Zip:	, Apt	Floor, c	eg , Apr 1
Owner City: Owner Phone:	Corporate of	Residence addr	.s., ec., 10c	Nem st	Owne	e: er Mobile Ph	none#:	Zip:)) = :	
Owner City: Owner Phone: Email Address:	()	•			Owne	e: er Mobile Ph clude in Em	none#: ergency Co	Zip: (ontact l)) = :	
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Owner City: Owner Phone: Email Address: Agent/Manager D Agent Name:	()	•			Owne	e: er Mobile Ph clude in Em mplete the Agent Ti	none#: ergency Co section bel tle:	Zip: (ontact l)) = :	
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Construction	Year:	#of Floors:	Block:	Lot:		
☐ Attic	□ Basement	☐ Roof Hatches	☐ SkyLights	☐ Exit Signs	□ Emergency Light	S
☐ Fire Escape	Type					
Lock Box Location						
Manufacturer			Style	2		
Serial#			Insta	alled / /	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 🗆 Ye	es 🗆 No					
Test Records:	□ Yes □ No	Location:				
Cooking Protected:	□ Yes □ No □ I	N/A	Test Records:	□ Yes □ No		
Alarms □ Yes □ N	lo					
SD Hard Wired:	□ Yes □ No	Location:				
Supervision Type:	☐ Not Monitored	☐ Monitored Onsite	☐ Monitored Remo	te 🗆 Auto Dialer		
Alarm Company:			Test Records:	□ Yes □ No	Test Date:	
SD Battery:	□ Yes □ No	Location:				
Supervision Type:	☐ Not Monitored	☐ Monitored Onsite	☐ Monitored Remo	te 🗆 Auto Dialer		
Alarm Company:			Test Records:	□ Yes □ No	Test Date:	
Heat Detectors:	□ Yes □ No	Location:				
Supervision Type:	□ Not Monitored	☐ Monitored Onsite	☐ Monitored Remo	ote □ Auto Dialer		
Alarm Company:	_ not nomed	- Homeorea onsice	Test Records:	☐ Yes ☐ No	Test Date:	
Manual Pull:	□ Yes □ No	Location:				
Supervision Type:	□ Not Monitored	☐ Monitored Onsite	☐ Monitored Remo	ite □ Auto Dialer		
Alarm Company:	L Not Monitored	- Monitored Onsite	Test Records:	☐ Yes ☐ No	Test Date:	
					rest bate.	
		II □ Partial □ Basen		in		
Sprinkler type:		Wet/Dry □ Anti Free	ze 🗆 Deluge			
FDC Connection:	☐ Yes	Location:	Monitored Deci	to Distance		
Supervision Type: Alarm Company:	☐ Not Monitored	☐ Monitored Onsite	☐ Monitored Remo			
Maint, Company:			Test Records:	□ Yes □ No	Test Date:	
Maint Company			, col Necolus,		i cat Date:	

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Fire Pumps Yes	☐ No Rated Capacity:				
Location:		Head Pressure:			
Power Source: Maint. Company:	☐ Generator ☐ Line-Utility ☐ Solar Arr		s □ 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: ☐ Ye	es		
Alarm Company:		Test Records: ☐ Yes	i □ No	Test Date:	
Generators Yes	□ No Power(KW): Location:				
Manufacture:		Fuel Type:			
Supervision Type:	□ Gas □ Diesel □ Natural Gas □ Pro				
Test Records:	☐ Yes ☐ No Test Date:				
Hood Systems □ \	Yes □ No □ Type1 □ Type2 Location	:			
Maint. Company:			s □ No	Test Date:	
	Location:				
	tional sheets if needed)		Topus Data	Evaluation Data	Annual?
	Permit Type		Issue Date	Expiration Date	Annual?
					_
Hazmat (Add addi	tional sheets if needed)				
S#	Chemical Name		Capacity	Activate Date	
Additional Inform	nation				
Please Mail or Fay 4	ne completed form to the above address. Thank \	Vol			