

BUREAU OF FIRE PREVENTION
Borough of Helmetta
PO Box 378
60 Main Street
Helmetta, N.J. 08828
(732) 521-4946 Extension 109
FAX: (732) 521-1263

FIRE SAFETY REGISTRATION FORM

Owners of possible Life Hazard Use businesses must complete and file this form in accordance with the Uniform Fire Safety Act (N.J.S.A. 52:27D-192 et. seq.). Failure to do so may result in a penalty of up to \$500.00.

PART A - Registrant Information

1. Business Ownership (mark the correct box):

(0) Corporation (1) Private/Individual (2) Partnership (3) Condominium
(4) Cooperative (5) Government Agency (6) LLC Corporation

2. Business Owner Mailing Address:

Name: _____

Address: _____

City, State, ZIP: _____

TAX ID Number: _____

Telephone Number: _____

In accordance with N.J.S.A. 52:27D-201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security no. will ensure the efficiency of the program's notification system.

Continued on Next Page

FOR FIRE OFFICIAL / DFS USE ONLY

Use Codes: _____

LEA Number: 1206-001 [] New Application

Assigned Owner Number: _____ [] Transfer

3. Person to receive certified mail or other notices.
If same as owner write SAME.

Name: _____
Address _____
City, State, ZIP: _____
Telephone number: _____

4. Briefly describe the building types and/or uses of businesses you own:

PART B - Business Location Information

(Physical Location and name of business)

5. Name of building or business:

Building Location:

Suite or room _____ Borough of Helmetta _____ Middlesex
Municipality _____ County _____

6. Block number _____ Lot number _____ Munic. Tax Account No _____
Height of Bldg. ^{stories} _____ Sq. Ft. _____ Occupancy Load _____

PART C - Certification

8. 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.

Signature of owner or agent completing this form _____ Date _____

Printed name of owner or agent completing this form _____ Date _____

Street address of owner or agent completing this form _____

City _____ State _____ Zip Code _____