

**STATE OF NEW JERSEY**  
**LIFE-HAZARD USE**  
**REGISTRATION FORM**



**NAME OF BUSINESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIPCODE:** \_\_\_\_\_

**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 Contact: \_\_\_\_\_

**4. Federal Employer ID Number:** \_\_\_\_\_

5. **Registered Agent Same as Owner?** ☐ Yes ☐ No

6. **If you answered NO to Question 5:**

Agent First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

7. **Property Ownership Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

8. **Emergency Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **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: \_\_\_\_\_

9. Grade Height: \_\_\_\_\_

10. 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

11. Heat Fuel Source:

- ☐Electric ☐Gas ☐Geothermal ☐Liquified Natural Gas (LNG) ☐Liquified Petroleum Gas (LPG)  
☐Oil ☐Wood ☐None ☐N/A

12. Heat Type:

- ☐Forced Air ☐Hot Water/Radiator ☐Radiant ☐Steam ☐None ☐N/A

13. Alternate Power Source:

- ☐None ☐N/A ☐Solar ☐Geothermal ☐Wind

14. Back-Up Power Source:

- ☐None ☐N/A ☐Battery ☐Emergency Generator ☐Multiple Grids from Power Company

15. Emergency Generator Powered Devices:

- ☐Select All ☐Emergency Lights ☐Exit Lights ☐Fire Detection System ☐N/A

16. Roof Characteristics: # of Roof Hatches \_\_\_\_\_

17. 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