

**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