



CITY OF BURLINGTON
Bureau of Fire Prevention



575 High Street Burlington, New Jersey 08016
Phone (609) 386-0200 ext. 171 Fax (609) 386-0214

www.burlingtonnj.us

Fire Dept. Use Only

DATE: _____

Entered _____ Insp. Month _____ Insp. __

REGISTRATION INFORMATION – PLEASE PRINT OR TYPE ALL INFORMATION AS REQUIRED

PLEASE CHECK ONE:

NEW TENANT

CHANGE OF OWNERSHIP

RENOVATIONS OF EXISTING TENANT

UPDATE OF INFORMATON

City of Burlington Bureau of Fire Prevention enforces State Legislation, Public Law 1983, Chapter 383 N. J. S. A. 52: 27D- 192 et. Seq. that provides for the establishment of a Uniform State Fire Safety Code. This requires the annual registration and periodic fire inspections of all businesses and buildings. Every business and / or building owner must respond. The application must be returned to this office within 30 days with all items completed. Failure to do so will constitute a violation of State Regulations and may be subject to a penalty fine of not less than \$100.00 and not more than \$1,000.00. **IN ORDER TO KEEP BURLINGTON CITY A FIRESAFE COMMUNITY, WE ARE ASKING FOR YOUR FULL COOPERATION.**

1. **NAME OF BUSINESS:** _____

PHYSICAL STREET ADDRESS: _____

BUSINESS PHONE #: _____

CONTACT PERSON: _____

CONTACT PERSON EMAIL: _____

DESCRIPTION OF BUSINESS: _____

SQUARE FOOTAGE OF BUSINESS (REQUIRED): _____

IF THIS IS AN EXPANSION OF AN EXISTING BUSINESS AT THIS LOCATION, WHAT IS THE TOTAL NEW SQUARE FOOTAGE? _____

OCCUPANCY LOAD: _____ IS ALCOHOL SERVED? _____

2. **OWNER OF BUSINESS:** _____

OWNER ADDRESS _____

OWNER PHONE #: _____

OWNER EMAIL: _____

3. **PREVIOUS TENANT (if applicable):** _____

4. IF BUSINESS IS A CORPORATION:

PRESIDENT: _____

CORPORATE HEADQUARTERS ADDRESS : _____

CORPORATE TELEPHONE #: _____

5. LANDLORD/OWNER OF BUILDING: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE #: _____

6. FACILITIES MANAGER / RESPONSIBLE PARTY FOR THIS BUSINESS, IF DIFF THAN #1

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

7. BILLING/BUSINESS MAILING ADDRESS, IF DIFFERENT THAN #1

BILLING NAME: _____

BILLING ADDRESS, CITY, STATE: _____

BILLING PHONE: _____

8. LIST UP TO TWO 24/7 EMERGENCY CONTACT PERSONS (KEPT CONFIDENTIAL)

NAME: _____ NAME: _____

CELL PHONE: _____ CELL PHONE: _____

9. DESCRIBE BRIEFLY ANY FLAMMABLE, COMBUSTIBLE LIQUIDS OR HAZARDOUS MATERIALS AND CHEMICALS HANDLED OR STORED:

I CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS REGISTRATION ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO THE PENALTIES PRESCRIBED BY LAW.

SIGNATURE OF OWNER OR REPRESENTATIVE: _____

PRINTED NAME OF OWNER OR REPRESENTATIVE: _____