

LIFE-HAZARD USE – STATE OF NEW JERSEY
REGISTRATION FORM

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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 : _____

4. Federal Employer ID Number: _____

5. Registered Agent Same as Owner? Yes No

6. If you answered NO to Question 7:

Agent First Name: _____ Last Name _____

Address: _____

Phone : _____

Email Address: _____

7. Property Ownership Contact:

First Name: _____ Last Name _____

Address: _____

Phone : _____

Job Title: _____

Email: _____

8. Emergency Contact:

First Name: _____ Last Name _____

Address: _____

Phone : _____

Job Title: _____

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 _____

8. Grade Height _____

9. **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

10. **Heat Fuel Source:** Electric Gas Geothermal Liquified Natural Gas (LNG)
Liquified Petroleum Gas (LPG) Oil Wood None N/A

11. **Heat Type:** Forced Air Hot Water/Radiator Radiant Steam None N/A

12. **Alternate Power Source:** None N/A Solar Geothermal Wind

13. **Back-Up Power Source:** None N/A Battery Emergency Generator
Multiple Grids from Power Company

14. **Emergency Generator Powered Devices:** Select All Emergency Lights Exit Lights
Fire Detection System N/A

15. **Roof Characteristics:** # of Roof Hatches_____

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