



# EVESHAM TOWNSHIP FIRE DISTRICT NO. 1

## FIRE SAFETY USE REGISTRATION FORM

P.O. Box 276 – 984 Tuckerton Road – Evesham, New Jersey 08053-0276 – 856-983-2750

### Fire Dept. Use Only

Entered \_\_\_\_\_ Insp. Grid. \_\_\_\_\_ Insp. \_\_\_\_\_

DATE: \_\_\_\_\_

### 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

Evesham Fire-Rescue’s Fire Prevention Division 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 \$75.00 and not more than \$1,000.00. **IN ORDER TO KEEP EVESHAM TOWNSHIP A FIRE SAFE COMMUNITY, WE ARE ASKING FOR YOUR FULL COOPERATION.**

1. **NAME OF BUSINESS:** \_\_\_\_\_

PHYSICAL STREET ADDRESS: \_\_\_\_\_ Marlton, NJ 08053

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: \_\_\_\_\_