



**FIRE PREVENTION**

# The Borough of Hightstown

Bureau of Fire Safety

156 Bank Street

Hightstown, NJ 08520

(609) 490-5100, Ext. 617

## REGISTRATION AND APPLICATION FOR ANNUAL INSPECTION

PLEASE CHECK ONE:

UPDATE OF INFORMATION

NEW TENANT

CHANGE OF OWNERSHIP

RENOVATIONS OF EXISTING TENANT

The Hightstown Borough, Bureau of Fire Prevention and Life Safety is the enforcing State Legislation, Public Law 1983, Chapter 383 N.J.S.A 52: 27D-192 et. Seq. that provides for the establishment of the 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 the office within 30 days will **all items completed.**

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

STREET ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

2. OWNER OF BUSINESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

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

OWNER E-MAIL: \_\_\_\_\_

FEDERAL EMPLOYER (TAX ID) NUMBER: \_\_\_\_\_

3. IF BUSINESS IS A CORPATION

PRESIDENT: \_\_\_\_\_

ADDRESS OF HEADQUARTERS: \_\_\_\_\_

PRESIDENT E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

4. BUSINESS AGENT/ MANAGER (RESPONSIBLE PARTY)

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

5. BILLING ADDRESS FOR ANNUAL INVOICES (if different from question # 1)

NAME: \_\_\_\_\_

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

6. LIST **TWO** EMERGENCY CONTACT PERSONS (Kept Confidential)

\*NAME: \_\_\_\_\_ \*NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. SQUARE FOOTAGE OF BUILDING PER FLOOR, OCCUPANCY LOAD:

\_\_\_\_\_

9. BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

13. FLOOR CONSTRUCTION \_\_\_\_\_

14. BEARING WALLS \_\_\_\_\_

15. CEILING \_\_\_\_\_

16. ROOF CONSTRUCTION \_\_\_\_\_

17. HEATING SYSTEM \_\_\_\_\_

18. ELECTRIC SYSTEM \_\_\_\_\_

19. OWNER OF THE BUILDING: \_\_\_\_\_

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

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

FEDERAL (TAX ID) NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

20. MOVE IN DATE: \_\_\_\_\_

**IT IS IMPORTANT THAT WE HAVE TWO NAMES/PHONE NUMBERS ON FILE IN  
CASE OF AN EMERGENCY.**

**THANK YOU FOR YOUR COOPERATION**