CITY OF BRIGETON FIRE DEPARTMENT

*BUREAU OF FIRE PREVENTION*

181 East Commerce Street

Bridgeton, NJ 08302

Telephone: 856-451-0090 Fax: 856-459-1801

Email: Firedepartment@cityofbridgeton.com

**INSPECTION REGISTRATION FORM**

**REGISTRANT INFORMATION**

1. Business Ownership (mark the correct box)

(0)\_\_Corporation (1)\_\_Private/Individual (2)\_\_Partnership (3)\_\_Condominium

(4)\_\_Cooperative (5)\_\_Government (6)\_\_LLC Corporation

2. Business Owner Mailing Address:

 If Private/Individual: Name

 (last) (first) (middle initial)

 If Other:

 (Give FULL legal name of Ownership, Corp., Partnership, LLC, etc.)

 Address:

 (P.O. Box Number or Street Number and Name)

 City: State: Zip:

 Telephone: ( ) Federal I.D. Number

**OWNER INFORMATION**

Building Owner’s Name: Email:

Street Address:

City: State: Zip:

Phone Number:( ) Federal I.D. Number

Business Owner’s Name: Email:

Street Address:

City: State: Zip:

Phone Number:( ) Federal I.D. Number

**Emergency Contacts: (After hours)**

Name: Phone Number:( )

Name: Phone Number:( )

Name: Phone Number:( )

**BUSINESS LOCATION INFORMATION**

Name of Building or Business:

Building Location:

Suite or Room Number: Municipality: County:

Business Phone Number: ( ) Block Number: Lot Number:

Height of Building: Number of Stories: Square Footage: Occupant Load:

Brief Description of Business:

The Uniform Code States:

The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 19A.12.1 shall apply annually to the Local Enforcing Agency for a certificate

of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ORDINANCE

for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within

thirty (30) days of receipt.

I hereby acknowledge that I have read this application, that the information given is correct, that I am the owner or duly authorized to act in the owner’s behalf, and as such hereby agree to comply with the applicable requirements of the Uniform Fire Safety Code as well as any specific conditions imposed by the Fire Official.

 Print Name: Signature:

 Title: Date:

**OFFICE USE ONLY**

Entered in Mobile-Eyes **Y N** Registered with City **Y N**

BOCA Use Group: Registration Fee: ( ) New Application ( ) Transfer of Ownership

Entered By: Date: