



**County of Gloucester  
Department of Emergency Response  
Office of the Fire Marshal  
212 County House Rd.  
Clarksboro, N.J. 08020**

**Office: 856-307-7137**

**Fax: 856-307-6621**

Pursuant to the New Jersey Uniform Fire Safety Act (L.383,c-383, s.2) and N.J.A.C. 5:70, the Fire Official of the local enforcing agency is required to register and inspect all structures and premises, EXCEPT single-family and two-family dwellings which are occupied by the holder of title to the property and dwelling units within two-family and multi-family dwellings, as often as necessary for the purpose of ascertaining and causing to be corrected any conditions liable to cause fire, contribute to the spread of fire, interfere with fire operations, endanger life or any violations or intent of this code or any other ordinance affecting fire safety.

**Registration #:** \_\_\_\_\_ **(Office will assign #)**

**Block#:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Owner's Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone #:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Business Fax #:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Business Name or Trading as :** \_\_\_\_\_

(If Different than above)

**Business E-Mail Address:** \_\_\_\_\_

**Owner's Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Owner's Home Phone #:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Cell #:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Name of Manager: \_\_\_\_\_

(For Acceptance of mail, actions, orders or notices)

Manager's Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Ownership: Corporation [ ] Individual [ ] Partnership [ ] LLC [ ] Government [ ]  
Cooperative [ ] Condominium [ ] Other [ ] \_\_\_\_\_

Square Footage of Premises: \_\_\_\_\_

Building Owner's Name: \_\_\_\_\_

Building Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

1st Contact Name: \_\_\_\_\_

Contact #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_

Contact #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3rd Contact Name: \_\_\_\_\_

Contact #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### BUILDING INFORMATION

Basement: Yes or No                      Attic: Yes or No                      Fire Suppression System: Yes or No

Additional Information: \_\_\_\_\_

Fire Alarm Company Name: \_\_\_\_\_

Fire Alarm Company Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alarm Monitoring Company Name: \_\_\_\_\_

Alarm Monitoring Company Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Customer ID #: \_\_\_\_\_