

TOWNSHIP HALL
Pinewald-Keswick Rd
P.O. Box B
Bayville, NJ 08721



BUREAU OF FIRE PREVENTION
Phone: (732) 244-7400 ext. 1236

FIRE SAFETY REGISTRATION FORM
BERKELEY TOWNSHIP
FIRE PREVENTION

Part A – Business Registration Information

1. Business Ownership (mark the correct box):

(0) Corporation (1) Private / Individual (2) Partnership (3) Condominium
(4) Cooperative (5) Government Agency (6) LLC Corporation

2. Business/Corporation Mailing Address:

If Private / Individual: Name: _____

If Other: _____ Give FULL Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A etc.

Address: _____
PO Box Number or Street Number and Name

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Federal Employer (Tax ID) Number

Social Security Number (For Private / Individual Only)

In accordance with N.J.S.A. 52:27D -201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its program's notification system.

**3. Person To Receive Certified Mail Or Other Notices. If Same As Owner, Write "Same."
(Address must not be a PO Box)**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Briefly describe the building types and / or uses or businesses you own.

4. Briefly describe the building types and / or uses or businesses you own.

----- **Part B – Business Location Information** -----
(Physical location and name of the business)

5. Name of Building or Business: _____

Building Location: _____
(Number and Street)

Suite or Room Number: _____ Municipality: _____ County: _____

6. _____ Block Number _____ Lot Number _____ Municipal Tax Account Number _____

7. _____ Height of Building (in feet) _____ Number of Stories _____ Square Footage _____ Occupant Load _____

----- Part C – Certification -----

8. I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of Owner or Agent Completing This Form Date

Date

Printed Name of Owner or Agent Completing this Form _____ Title _____

Title

Street Address of Owner or Agent Completing This Form

Telephone Number of Owner or Agent Completing This Form: ()

Part D – Property Owner
(If different from Business Owner)

9.

Name: _____

Address:

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Please save this form and email to: fireofficial@berkeleytownship.org