

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: _____
Last First Middle Initial

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: _____
Number Street Name

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

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 me are willfully false, I am subject to punishment.

Signature of Owner or Agent Completing This Form Date

Printed Name of Owner or Agent Completing this Form Title

Street Address of Owner or Agent Completing This Form

City State Zip Code

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@berkeleystownship.org