



Branchburg Township  
Fire Prevention  
1077 US Highway 202 North  
Branchburg, NJ 08876  
Phone: 908-526-1300 x158

LOCAL ID: \_\_\_\_\_

Mun Code: \_\_\_\_\_

## Annual or New Business Registration

### The Uniform Fire Code States:

The owner of all businesses, occupancies, buildings, structures or premises required to be inspected under Chapter 178-16 shall file Annually, to the Local Enforcing Agency, 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 and fee to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt.

### Location Information

Business Name: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qualifier: \_\_\_\_\_  
Address: \_\_\_\_\_  
Unit Number: \_\_\_\_\_ State/Local Registration #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_ Hours of Oper: \_\_\_\_\_

### Tenant/Business Owner Information

Federal ID Number: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Unit: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Property Owner

Federal ID Number: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Unit: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Agent

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Unit: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Property Management

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Unit: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Other Mailing Address

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Unit: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mail Correspondances To:  Location  Owner  Agent  Manager  Tenant  Other

Mail Invoices To:  Location  Owner  Agent  Manager  Tenant  Other



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### Emergency Contacts

Name 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Name 3: \_\_\_\_\_ Phone 3: \_\_\_\_\_

### Alarms and Suppression System(s) (if present)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sprinkler System             | <input type="checkbox"/> Cooking Protection | <input type="checkbox"/> Fire Extinguishers |
| <input type="checkbox"/> Smoke Detectors - Hard Wired | <input type="checkbox"/> Heat Detectors     | <input type="checkbox"/> Manual Pull Alarm  |
| <input type="checkbox"/> Smoke Detectors - Battery    | <input type="checkbox"/> Carbon Monoxide    | <input type="checkbox"/> Duct Detector      |

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

Phone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

If key box is required per Boro ordinance 178.34, all keys/cards contained there in must be maintained up to date. Failure to keep keys/cards current could delay Fire Fighting efforts and cause forcible entry damage (if keybox is not required, disregard this paragraph). All keys/cards are current. Initial here: \_\_\_\_\_

Knox Box Location \_\_\_\_\_

Description of use/occupancy of this building/business:

- Business Ownership Type**
- |                                      |                                     |  |                                      |
|--------------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership     | <input type="checkbox"/> Condominium |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Government | <input type="checkbox"/> LLC Corporation |                                      |

**I HEREBY ACKNOWLEDE 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 INTERNATIONAL FIRE CODE, NEW JERSESE WELL AS ANY SPECIFIC CONDIOTIONS IMPOSED BY THE FIRE OFFICIAL**

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date