



BRIDGEWATER TOWNSHIP BUREAU OF FIRE SAFETY

100 COMMONS WAY BRIDGEWATER, NJ 08807

P: 908-725-6300 EXT 5555 FAX: 908-725-3817

EMAIL: fireofficial@bridgewaternj.gov

Karl W. McAleer, Acting Chief Fire Marshal

FIRE SAFETY REGISTRATION FORM

BUILDING OWNER: Name: _____
Address: _____
Phone Number: _____
Email: _____

BUSINESS NAME: _____

BUSINESS OWNER: Name: _____
Address: _____
Phone Number: _____
Email: _____
Federal Employee (Tax ID) Number: _____
Social Security Number (for Private/Individual Only): _____

CORPORATION: Name: _____
Address: _____
Phone Number: _____
Email: _____

PROPERTY MANAGER: Name: _____
Address: _____
Phone Number: _____
Email: _____

EMERGENCY CONTACT: Name: _____
Address: _____
Phone Number: _____
Email: _____

BLOCK: _____ **LOT:** _____ **Total Sq. Footage:** _____

BUILDING HEIGHT: _____ **BUILDING WIDTH:** _____ **NUMBER OF STORIES:** _____

CONSTRUCTION TYPE: Masonry & Concrete Masonry & Steel Wood Frame
 Ext. Masonry Wall & Frame Other (specify): _____

BUSINESS TYPE: Office Mercantile Warehouse/Storage Factory
 Educational Institutional High Hazard Residential Place of Assembly

BUSINESS OWNERSHIP: Corporation Private/Individual Partnership
 Condominium Cooperative Government Agency LLC Corporation

Hours of Operation: _____

Total Number of Employees: _____

Is the building sprinklered? Yes _____ No _____

Does the building have fire alarms? Yes _____ No _____

If yes, Local _____ Supervised _____

Is the alarm system registered with the Bureau of Fire Safety? Yes _____ No _____

Are hazardous materials used and/or stored on premises? Yes _____ No _____

If yes, please list material(s) and/or attach informational sheets: _____

CERTIFICATION:

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

Printed Name of Owner or Agent Completing this Form

Title

Street Address of Owner or Agent Completing this Form

City State Zip Code

Phone Number of Owner or Agent Completing this Form

FOR FIRE OFFICIAL/DFS USE ONLY

LOCAL #: _____

NJ LHU #: _____

USE CODE(S): _____

LEA #: _____

ASSIGNED OWNER NUMBER: _____

New Application

ALTERNATE OWNER NUMBER: _____

Transfer

FEE: \$ _____

FEE PAID: _____