



# BRIDGEWATER TOWNSHIP BUREAU OF FIRE SAFETY

100 COMMONS WAY BRIDGEWATER, NJ 08807

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Thomas E Scalera 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: \_\_\_\_\_