



**BRIDGEWATER TOWNSHIP BUREAU OF FIRE SAFETY**

100 COMMONS WAY, BRIDGEWATER, NJ 08807

P: 908-725-6300 Ext. 5555 or Ext. 5550

EMAIL: [fireofficial@bridgewaternj.gov](mailto:fireofficial@bridgewaternj.gov)

Thomas E. Scalera, Chief Fire Marshal

**FIRE SAFETY REGISTRATION FORM BUSINESS & RESIDENTIAL**

LHU # \_\_\_\_\_ USE CODE(S): \_\_\_\_\_ NLHU # \_\_\_\_\_

**BUSINESS NAME:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

**BUSINESS OWNER:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

**BUILDING OWNER:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

**PROPERTY MANAGER:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

**EMERGENCY CONTACT:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ Total Sq. Footage: \_\_\_\_\_

**Describe what type of Business:** \_\_\_\_\_

**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: \_\_\_\_\_

Occupant Load: \_\_\_\_\_

Does the building sprinkler? Yes \_\_\_\_\_ No \_\_\_\_\_

Dose buildings have fire alarms? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Local \_\_\_\_\_ Supervised \_\_\_\_\_

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**

Enter in SDL \_\_\_\_\_ Name \_\_\_\_\_

New Application

Transfer

FEE: \$ \_\_\_\_\_

FEE PAID: \_\_\_\_\_

Revised 01/05/2021