## New Jersey Department of Community Affairs DIVISION OF FIRE SAFETY PO Box 809 Trenton, New Jersey 08625-0809 Telephone: (609) 633-6144 FAX: (609) 633-6330



FIRE SAFETY REGISTRATIO Owners of possible Life Hazard Use businesses must complete and file this for Fire Safety Act (N.J.A.C. 52:27D-192 et seq.). Failure to do so may result	rm in accordance with the Uniform
Part A – Business Registration Inform	nation
1. Business Ownership (mark the correct box):	
(0) <u>Corporation</u> (1) <u>Private / Individual</u> (2) <u>Partner</u>	rship (3) Condominium
(4) <u>Cooperative</u> (5) <u>Government Agency</u> (6) <u>LLC C</u>	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:	F,,F,
PO Box Number or Street Number and Name	;
City: State: Zip Code:	
Federal Employer (Tax ID) NumberSocial Security	Number (For Private / Individual Only)
	7D -201 and N.J.A.C. 5:3-1.2, voluntary provision of ensure the efficiency of its program's notification system.
Telephone: () Continued on Reverse Side	
FOR FIRE OFFICIAL / DFS USE O	NLY
USE CODE (S):	
LEA Number:	
Assigned Owner Number:	New Application
Alternate Owner Number:	Transfer
R-305 Revised 10/02	

Name:					
Address:					
Number	Street Nar	Street Name			
City:	State:	te: Zip Code:			
Telephone: ()					
Briefly describe the building t	ypes and / or uses o	or businesses you own.			
		usiness Location Information and name of the bus			
Name of Building or Business	:				
Building Location:		Number and Street)			
Suite or Room Number:	· · · · ·	Municipality:		County:	
	I			•	
Block Number		Lot Number		Municipal Tax Account Number	
Height of Building (in feet)	Number of Stor	ries Square	Footage	Occupant Load	
Πείσης δι Βιπιδιήστης τη τέεις		Square	C	L	
	Dam	4 C Cartification			
		rt C – Certification		<b>T</b> (1 ( 10	
I certify that all stat	ements made by me	rt C – Certification e on this registration app e willfully false, I am sub	plication are true		
I certify that all stat	ements made by me ements made me are	e on this registration app e willfully false, I am sub	blication are true bject to punishme		
I certify that all stat of the foregoing state	ements made by me ements made me are or Agent Completing	e on this registration app e willfully false, I am sub g This Form	blication are true bject to punishme I	nt.	
I certify that all stat of the foregoing state Signature of Owner of	ements made by me ements made me are or Agent Completing ner or Agent Comple	e on this registration app e willfully false, I am sub g This Form eting this Form	blication are true bject to punishme I	nt. Date	