



# TOWNSHIP OF WEST ORANGE

415 VALLEY ROAD, WEST ORANGE, N.J. 07052

## FIRE DEPARTMENT

## FIRE PREVENTION BUREAU

E-mail: [Fireprev@westorange.org](mailto:Fireprev@westorange.org)/[Fireofficial@westorange.org](mailto:Fireofficial@westorange.org)

Susan McCartney  
*Mayor*

Tel: (973) 325-4175  
Fax: (973) 669-1080

Anthony Vecchio  
*Fire Chief*

Capt. Joe Matullo  
*Fire Official*

### Fire Safety Registration Form

All occupancies should be registered with the exception of, owner occupied 1 and 2 family homes. Owners of possible Life Hazard Use businesses and/or Multi-Family Dwellings must complete and file this form in accordance with the Uniform Fire Safety Act N.J.A.C. 52:27D-192 et seq. Failure to do so may result in a penalty of up to \$1,000.00.

**Type of Business/Property:** \_\_\_\_\_

**1. Is your business/property (check one):**

Convenience Store  Deli  Hair/Nails  Storage (what will be stored at facility \_\_\_\_\_)  
 Office  Retail Store (what will be sold \_\_\_\_\_)  Gas Station  Auto Repair  
 Auto Body  Movie Theater  Restaurant (Alcohol Served  Yes  No) (# of tables \_\_\_\_\_)  
 Medical  Surgical  Hotel  Boarding House  Group Home  Assisted Living Facility  
 Day Care  Nursing Home  Senior Building  Funeral Home  Education Building  
 Multi-Family Dwelling - How many units in dwelling \_\_\_\_\_  
 Other (Explain \_\_\_\_\_)

**2. Type of ownership (check correct type)**

Corporation  Private/Individual  Partnership  Condominium  Cooperation  LLC  
 Government Agency  Other (if other describe type here) \_\_\_\_\_

**3. Business/ Corporation/Owner Mailing Address:**

**Name:** \_\_\_\_\_  
Give FULL legal name of ownership, including corporation, Incorporated, Partnership, T/A etc.

**Address:** \_\_\_\_\_  
PO Box number or street number and name

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Federal Employer (Tax ID) Number** \_\_\_\_\_ **Social Security Number (For Private/Individual Only)** \_\_\_\_\_  
In accordance with N.J.S.A. 52:27D-201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its programs notification system.

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

4. **Name of Business/Property:** \_\_\_\_\_

**Business/Property location:** \_\_\_\_\_

Suite/Room/Floor number: \_\_\_\_\_ Municipality: \_\_\_\_\_ County: \_\_\_\_\_

Block number: \_\_\_\_\_ Lot number: \_\_\_\_\_ **Telephone number of Business:** \_\_\_\_\_

\_\_\_\_\_  
Height of Building in feet      Number of stories      Square footage      Occupant load

\_\_\_\_\_  
**Manager/Agent/Superintendent**      **Hours of Operation**      **Number of Employees**

**5. Fire Alarm/Sprinkler/Kitchen Suppression**

Does your business/occupancy have any of the following:

**Fire Alarm** \_\_\_\_\_ YES \_\_\_\_\_ NO  
if yes, Company name and phone # \_\_\_\_\_

**Sprinklers** \_\_\_\_\_ YES \_\_\_\_\_ NO  
if yes, Company name and phone # \_\_\_\_\_

**Kitchen Suppression** \_\_\_\_\_ YES \_\_\_\_\_ NO  
if yes, Company name and phone # \_\_\_\_\_

**6. Billing Contact:**

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**7. BUILDING OWNER Information:**

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**8. Emergency Contacts:**

1. **Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**9. 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.**

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Signature of owner or agent completing this form

Date

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Printed name of owner or agent completing this form

Title

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Street address of owner or agent completing this form

City

---

State

Zip Code

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Telephone of owner or agent completing this form

Fax

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E-mail of owner or agent completing this form

**Return to address on letterhead via fax, mail or e-mail.**