



OLD TAPPAN BUREAU OF FIRE PREVENTION

227 OLD TAPPAN ROAD, OLD TAPPAN, NJ 07675

EMAIL: FIREMARSHAL@OLDTAPPAN.NET

PHONE: 201-664-1849 X26

EVAN KUTZIN, FIRE OFFICIAL



FIRE SAFETY REGISTRATION FORM LIFE HAZARD and NON-LIFE HAZARD USE

The Old Tappan Bureau of Fire Prevention Bureau has been designated the Local Enforcing Agency (LEA) to implement the provisions of the New Jersey State Uniform Fire Code (UFC). The UFC provides for the adoption of a fee schedule to cover the cost of annual fire prevention inspections in addition to administrative fees, penalties and fines to violators. Please complete the below Registration for Non-Life Hazard Use form and return along with a check made payable to the Borough of Old Tappan within 30 days of receipt. Your registration fee is based on the total square footage of all floors and suites which comprises your occupancy. Each individual building/suite or common area is to be registered separately, i.e. three buildings are three separate registrations.

- Life Hazard Use fees are determined by the NJ Uniform Fire Code and billed directly by the NJ Division of Fire Safety.
- Non-Life Hazard Use fees are determined by Borough Ordinance as follows and billed by the Old Tappan Fire Prevention.

Class	Description	Amount
A	Buildings up to 3,000 square feet	\$65
B	Buildings of 3,001 to 5,000 square feet	\$100
C	Buildings of 5,001 to 10,000 square feet	\$180
D	Buildings more than 10,000 square feet	\$250
E	Multifamily buildings, per dwelling unit	\$45

Owners of Life Hazard Use businesses must complete and file this form in accordance with the Uniform Fire Safety Act (N.J.A.C. 52:27D-192 et seq.). Owners of Non-Life Hazard Use businesses must complete and file this form in accordance with Borough of Old Tappan Ordinance No. 131-5. Failure to do so may result in a penalty of up to \$1000.

PART A – BUSINESS LOCATION INFORMATION

1. BUSINESS NAME: _____

2. BUSINESS PHYSICAL ADDRESS/LOCATION:

STREET ADDRESS: _____ SUITE: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

BLOCK: _____ LOT: _____

PART B – BUSINESS REGISTRATION INFORMATION

3. OWNERSHIP TYPE: CORPORATION PRIVATE/INDIVIDUAL LLC CORPORATION PARTNERSHIP CONDOMINIUM COOPREATIVE GOVERNMENT AGENCY OTHER: _____

4. BUSINESS OWNERS NAME (if Private/Individual): _____
Last First MI

5. BUSINESS NAME: (Give FULL legal name of business, including Corporation, Incorporated, Partnership, etc.)

If incorporated, list corporate officers: _____
If partnership, list partners: _____

6. BUSINESS/CORPORATION MAILING ADDRESS:

STREET ADDRESS: _____ SUITE: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

FED TAX ID #: _____

7. BUSINESS USE: (brief description of business including any use of flammables, combustibles or hazardous materials)

----- **PART C – BUILDING INFORMATION** -----

8. BUILDING OWNER INFORMATION:

Owner Occupied: _____ -OR- Tenant/Non-Owner Occupied: _____

If Non-Owner Occupied, list building landlord or management company info:

NAME: _____

STREET ADDRESS: _____ SUITE: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

9. OCCUPANCY INFO:

- Number of Stories: _____
- Height of Building (ft.): _____
- Total Square Footage: _____
 - Basement sq. ft. _____
 - First Floor sq. ft. _____
 - Second Floor sq. ft. _____
 - Third Floor sq. ft. _____
- Occupant Load (if known): _____

10. ALARM AND SUPPRESSION INFORMATION:

Is building equipped with:

- A. Fire Alarm System: Yes No If yes name of fire alarm company: _____
- B. Fire Suppression System: Yes No If yes, name of fire protection contractor: _____
- C. Cooking Suppression System: Yes No If yes, name of fire protection contractor: _____

11. EMERGENCY CONTACT:

- A. 1st Call: Name: _____ Title: _____ Phone: _____
- B. 2nd Call: Name: _____ Title: _____ Phone: _____

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. I am an authorized to complete this application on behalf of the stated business.

Signature of Owner or Agent Completing this Form: _____ Date: _____

Printed Name of Owner or Agent Completing this Form: _____ Date: _____

NOTE: Please keep a copy of this form for your records and submit updates to the Bureau of Fire Prevention as needed.

FOR OFFICE USE ONLY

INITIAL REGISTRATION: YES NO

TRANSFER: YES NO

UPDATE: YES NO

AMEND: YES NO

LOCAL ID #: _____

STATE ID #: _____

LOCAL REG. FEE: _____

PAID: YES NO DATE REGISTERED: _____