

Colts Neck Fire Prevention Bureau

124 Cedar Drive
Colts Neck, NJ 07722

Fire Marshall Robert H. Zander

E-mail: FirePrevention@coltsneck.org
(732) 409-7134 Fax (732) 462-8460

APPLICATION FOR REGISTRATION/INSPECTION

(Please type or print clearly)

All information will be kept confidential. For Emergency Fire and Police Department use only.

- 1. Date of Application _____ 2. Block: _____ Lot: _____
- 3. Name of Business _____
- 4. Physical Address of Business _____
- 5. Name of Shopping Center or Office Building _____
- 6. Premises Phone Number _____
- 7. NJ Life Hazard Use (LHU) Registration (If applicable): #13090-_____ Use Type: _____

Business Information (Check one): Corporation LLC Partnership Privately Owned Non-Profit

- 1. Registered Business Name _____
- 2. Address _____
- 3. City, State, Zip _____
- 4. Phone _____ Email _____
- 5. Business Fed ID#: _____

Building Owner/Landlord and, if applicable, Property Manager Information

- 1. Building Owner Name _____
- 2. Building Owner Address _____
- 3. Building Owner Phone: _____ Fax: _____
- 4. Property Manager Company _____
- 5. Property Manager Address _____
- 6. City, State, Zip _____
- 7. Property Manager Phone/Contact _____

Business Owner Personal Information

- 1. Business Owner's Name _____
- 2. Business Owner's Home Address _____
- 3. Business Owner's City, State, Zip _____
- 4. Business Owner's Phone _____

Send Mail To (Circle One): 1. Property 2. Building Owner 3. Business Owner 4. Property Manager

Name of Person to receive legal notices and inspection reports: _____

Email Address (Cannot be a general email address): _____

CONTINUED ON REVERSE SIDE

Name & Phone of Key Holders for Emergencies After Hours:

1. Contact #1 Name: _____
Contact #1 Phone - Cell: _____ Home: _____
2. Contact #2 Name: _____
Contact #2 Phone - Cell: _____ Home: _____
3. Contact #3 Name: _____
Contact #3 Phone - Cell: _____ Home: _____

Insurance Company Information:

1. Insurance Company _____
2. Address _____
3. Phone _____ Agent: _____

Business Use Information

1. Occupancy Load _____ 2. Construction Use Group Class _____ 3. LHU Group _____
4. Description of use _____

5. Describe any proposed construction, alterations, additions or changes of the site _____

6. Are Hazardous Materials stored on premises? No Yes (If yes, provide MSDS)
7. Number of stories of your business _____ 8. Square Footage _____
8. Type of Construction _____
9. Truss Construction (Circle One): Roof Floor Floor & Roof
10. Heating System: Gas Oil Electric Other _____ Type: Hot Air Hot Water Steam
11. Do you have a Fire Sprinkler System? Yes No
12. Do you have a Kitchen Hood Suppression System? Yes No
13. Do you have a Fire Alarm System? Yes No
14. Alarm Company Name _____
15. Alarm Company Phone _____

I, the undersigned, certify that the above information is correct to the best of my knowledge.

Signed: _____ Title: _____

Print: _____