



# Bureau of Fire Safety Borough of Point Pleasant Beach

416 New Jersey Avenue  
Point Pleasant Beach, NJ 08742  
732-892-1118 Ext.224

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## Fire Safety Registration Form

This form is to be filled out in its entirety and returned within 30 days as per N.J.S.A. 52:27D-192 et seq. Failure to do so may result in a penalty of up to \$1,000.00

**1. Name of Business:** \_\_\_\_\_

Business Location: \_\_\_\_\_

(Number and Street)

Business Ownership (mark the correct box):

Corporation       Private / Individual       Partnership       Condominium  
 Cooperative       Government Agency       LLC Corporation

**2. Business/Corporation Mailing Address:** **(Address must not be a PO Box)**

If Private / Individual: Name \_\_\_\_\_  
Last First Middle Initial

If Other: \_\_\_\_\_  
Give FULL Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A etc.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_  
Federal Employer (Tax ID) Number

\_\_\_\_\_ - \_\_\_\_\_  
Social Security Number (For Private/Individual Only)

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**3. Building Description.**

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Height of Building (in feet)      Number of Stories      Square Footage      Occupant Load

Fire Alarm System: YES/NO      Low Voltage or 110V      Central Station Monitored: YES/NO

Sprinkler System: YES/NO      Truss Construction: ROOF/FLOORS/BOTH      Solar Panels: YES/NO

Kitchen Suppression System: YES/NO      Above Ground Storage Tank: YES/NO      \_\_\_\_\_  
Tank Capacity

**4. Briefly describe type of business.**

\_\_\_\_\_  
\_\_\_\_\_

**5. Person to Receive Certified Mail or Notices. If Same as Owner, Write "Same." Cannot be a business entity. (Address must not be a PO Box)**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**6. Property Owner. If Same as Business Owner, Write "Same."**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**7. Emergency Contact.**

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

Title: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**8. 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 fines as per, N.J.A.C. 5:70-2.12 (b) 9 i & ii.**

\_\_\_\_\_  
Signature of Owner Completing This Form Date

\_\_\_\_\_  
Printed Name of Owner Completing this Form Title

Telephone Number of Owner or Agent Completing This Form: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**FOR FIRE OFFICIAL USE ONLY**

Use Group Code (S): _____	Zoning Code: _____	UCC Code: _____	Key Box: _____
Occupancy ID Number: _____	Block: _____	Lot: _____	
Construction Type: _____			____ New Application
Mobile-Eyes Updated: _____			____ Transfer