New Jersey Department of Community Affairs Division of Fire Safety PO BOX 809 TRENTON, NEW JERSEY 08265-0809 609-633-6144 609-633-6330 (FAX)

VERIFICATION/UPDATE REQUEST



LEA Number: ____ __ __ - ___ - ___ __

Business Name	Business Address	Business City & State & Zip

*Building Owner Name	Building Owner Address	Building Owner City & State & Zip

* as per jurisdictions tax records

THIS BUSINESS IS PRESENTLY CLASSIFIED AS A _____LHU AND SHOULD BE CHANGED TO:

1. _____ IS NO LONGER A LIFE HAZARD USE SINCE ______(INSERT DATE)

2. ____ IS NO LONGER OPEN FOR BUSINESS SINCE _____ (INSERT DATE)

3. _____ HAS NEVER BEEN A LIFE HAZARD USE AND SHOULD NOT HAVE BEEN REGISTERED

4. _____ IS NOT WITHIN MY LEA, BUT THAT OF LEA _____

5. _____ IS THE CORRECT LIFE HAZARD USE CLASSIFICATION

6. _____ IS THE CORRECT OCCUPANT LOAD _____

7. HAS THE ADDITIONAL LHU CLASSIFICATIONS: _____, ____, ____, ____,

8. HAS MOVED FROM LEA _____ TO ____, NEW ADDRESS_____

9. HAS BEEN REGISTERED MORE THAN ONCE, OTHER REGISTRATION NUMBER IS:

_____·

10. HAS CHANGED THEIR NAME TO: _____

NOTE: THIS FORM IS ONLY TO BE USED WHEN THERE IS NO CHANGE OF OWNERSHIP. OWNERSHIP CHANGE REQUIRES A REGISTRATION FORM TO BE COMPLETED.

THE ABOVE INFORMATION WAS OBTAINED THROUGH MY PERSONAL OBSERVATION OF THE PREMISES TO RENDER THE ABOVE NOTED VERIFICATIONS OR CORRECTIONS VALID.

FIRE OFFICIAL'S CERT. NO.

FIRE OFFICIAL SIGNATURE

DATE