

## DEPARTMENT OF COMMUNITY AFFAIRS DIVISION OF FIRE SAFETY BUREAU OF FIRE CODE ENFORCEMENT P.O. BOX 809 TRENTON, NEW JERSEY 08625-0809 (609) 633-6132



## NON-LIFE HAZARD USE REGISTRATION FORM

## REGISTRANT INFORMATION

l <b>.</b>	Business Ownership (mark the correct box)				
	(0)Corporation (1)	Private/Individual	(2)Partnership (3)	Condominium	
	(4)Cooperative (5)	Government Agency	(6)LLC Corporation		
2.	Business Owner Mailing Address:				
	If Private/Individual:Name	Last	First	Middle Initial	
	If Other				
	If Other:  Give FULL Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A, etc.				
	Address:				
	P.O. Box Number or Street Number and Name				
	City:	State	: Zip Code:		
	Telephone: ()	Telephone: () Social Security Number:			
3.	_				
	bunding location:	(Nun	nber & Street)		
	Suite or Room Number:	Mun	icipality:	County:	
	Business Telephone:(		Block Number:	Lot Number:	
	Height of Building:	Stories:	Square Footage:	_ Occupant Load:	
	BOCA Use Group: Brief Description of Business:				
		FOR DIVIS	SION USE ONLY		
	Inspector Name:		_ Certification Number:A00	Date://	
	Inspector Name:			Date://	