



Delran Fire District #1
900 Chester Ave.
P.O. Box 1007
Delran, NJ 08075

Business Registration Form

Pursuant to the N.J. Uniform Fire Code, in effect in the Delran, you are hereby requested to supply the information listed below within THIRTY DAYS of receipt of this application.

FAILURE TO RESPOND TO THIS REGISTRATION SURVEY WITHIN THIRTY (30) DAYS WILL RESULT IN A PENALTY OF \$500.00 FOR EACH OCCURRENCE.

Business Details

Business Name:	Business Phone#:	() -
Business Address:	Business Address2:	
E.g., 502 Pleasant Valley Ave		Suite, Unit, Floor, eg., Suite 1
Type of Ownership:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Condominium <input type="checkbox"/> Private <input type="checkbox"/> Gov.Agency <input type="checkbox"/> Cooperative	
Type of Business:		
UFC Use Group:	Occupancy Load:	
Life Hazard Use:	LHU State ID#:	
Federal I.D.:	Hours of Operation:	

Business Owner

Owner Name:	<input type="checkbox"/> Owned by Corporation <input type="checkbox"/> Individual	
Corporate Name or if individual then First Last and Middle Name		
Owner Address:	Owner Address2:	
Corporate or Residence address, eg., 100 Main st		Suite, Apt, Floor, eg., Apt 1
Owner City:	State:	Zip:
Owner Phone:	() -	Owner Mobile Phone#: () -
Email Address:	<input type="checkbox"/> Include in Emergency Contact List. If Yes, Contact Seq#	

Building Owner ☐ Check if Building Owner is same as Business Owner(If different, complete the section below)

Owner Name:	<input type="checkbox"/> Owned by Corporation <input type="checkbox"/> Individual	
Corporate Name or if individual then First Last and Middle Name		
Owner Address:	Owner Address2:	
Corporate or Residence address, eg., 100 Main st		Suite, Apt, Floor, eg., Apt 1
Owner City:	State:	Zip:
Owner Phone:	() -	Owner Mobile Phone#: () -
Email Address:	<input type="checkbox"/> Include in Emergency Contact List. If Yes, Contact Seq#	

Agent/Manager ☐ Check if Agent is same as Business Owner(If different, complete the section below)

Agent Name:	Agent Title:	
First Last and Middle Name		
Agent Address:	Agent Address2:	
Residence address, eg., 100 Main st		Suite, Apt, Floor, eg., Apt 1
Agent City:	State:	Zip:
Agent Phone:	() -	Agent Mobile Phone#: () -
Email Address:	<input type="checkbox"/> Include in Emergency Contact List. If Yes, Contact Seq#	

Emergency Contacts (In addition to what is listed as Emergency Contacts Above)

Contact Order	Name (First Last and Middle Name)	Phone#	Alt Phone#	Email
		() -	() -	
		() -	() -	
		() -	() -	

Construction	Year:	# of Floors:	Block:	Lot:		
<input type="checkbox"/> Attic	<input type="checkbox"/> Basement	<input type="checkbox"/> Roof Hatches	<input type="checkbox"/> SkyLights	<input type="checkbox"/> Exit Signs	<input type="checkbox"/> Emergency Lights	
<input type="checkbox"/> Fire Escape	Type					
Lock Box Location						
Manufacturer				Style		
Serial#				Installed	/	/
<input type="checkbox"/> Elevators	Location					<input type="checkbox"/> Elevator Recall
Construction Type	<input type="checkbox"/> I-A High Rise	<input type="checkbox"/> I-B Mid Rise	<input type="checkbox"/> I-V Heavy Timber	<input type="checkbox"/> II-A Prot. Non-Comb	<input type="checkbox"/> II-B UnProt. Non-Comb	<input type="checkbox"/> III-A Prot.Comb
	<input type="checkbox"/> III-B UnProt.Comb	<input type="checkbox"/> V-A Port.Woodframe	<input type="checkbox"/> V-B UnPort. Woodframe			
Floor Construction	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood				
Bearing Walls	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Block	<input type="checkbox"/> Brick	<input type="checkbox"/> Metal	<input type="checkbox"/> Other
Ceiling	<input type="checkbox"/> Plaster	<input type="checkbox"/> Wood	<input type="checkbox"/> Sheet Rock	<input type="checkbox"/> Acoustic	<input type="checkbox"/> Metal	<input type="checkbox"/> Other
Roof Covering	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Reinf.Concrete	<input type="checkbox"/> Trusses	<input type="checkbox"/> Metal	<input type="checkbox"/> Other
Heating	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Hot Air	<input type="checkbox"/> Steam
Electric	<input type="checkbox"/> Fuses	<input type="checkbox"/> Circuit Breakers				
Electric Wiring	<input type="checkbox"/> EMT-Flexible	<input type="checkbox"/> Metal				
Trusses	<input type="checkbox"/> None	<input type="checkbox"/> Floor	<input type="checkbox"/> Roof	<input type="checkbox"/> Roof & Floor		
Truss Floor	<input type="checkbox"/> Wood	<input type="checkbox"/> Metalic	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Pratt	<input type="checkbox"/> Parallel	
Truss Roof	<input type="checkbox"/> Common	<input type="checkbox"/> Scissors	<input type="checkbox"/> Bowstring	<input type="checkbox"/> Flat	<input type="checkbox"/> Cantilever	
# of Stairwells	<input type="checkbox"/> # Enclosed					
Exit Doors/#exists						
Entry Points						
Valid C.O.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Date Issued		

Area (in Sq. Feet)

Total Sq.Ft:	Building:	Basement:	LHU:
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Extinguishers ☐ Yes ☐ No

Test Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:	
Cooking Protected:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Test Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Alarms ☐ Yes ☐ No

SD Hard Wired:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:	
Supervision Type:	<input type="checkbox"/> Not Monitored <input type="checkbox"/> Monitored Onsite	<input type="checkbox"/> Monitored Remote <input type="checkbox"/> Auto Dialer	
Alarm Company:		Test Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Test Date:	
SD Battery:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:	
Supervision Type:	<input type="checkbox"/> Not Monitored <input type="checkbox"/> Monitored Onsite	<input type="checkbox"/> Monitored Remote <input type="checkbox"/> Auto Dialer	
Alarm Company:		Test Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Test Date:	
Heat Detectors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:	
Supervision Type:	<input type="checkbox"/> Not Monitored <input type="checkbox"/> Monitored Onsite	<input type="checkbox"/> Monitored Remote <input type="checkbox"/> Auto Dialer	
Alarm Company:		Test Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Test Date:	
Manual Pull:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:	
Supervision Type:	<input type="checkbox"/> Not Monitored <input type="checkbox"/> Monitored Onsite	<input type="checkbox"/> Monitored Remote <input type="checkbox"/> Auto Dialer	
Alarm Company:		Test Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Test Date:	

Sprinklers ☐ Yes ☐ No ☐ N/A ☐ Full ☐ Partial ☐ Basement ☐ Spray Booth

Sprinkler type:	<input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Wet/Dry <input type="checkbox"/> Anti Freeze <input type="checkbox"/> Deluge
FDC Connection:	<input type="checkbox"/> Yes
Supervision Type:	<input type="checkbox"/> Not Monitored <input type="checkbox"/> Monitored Onsite <input type="checkbox"/> Monitored Remote <input type="checkbox"/> Auto Dialer
Alarm Company:	BackFlow Preventor: <input type="checkbox"/> Yes
Maint. Company:	Test Records: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Test Date:

Fire Pumps ☐ Yes ☐ No Rated Capacity: _____

Location: _____ Head Pressure: _____

Power Source: ☐ Generator ☐ Line-Utility ☐ Solar Array ☐ Wind Turbine

Maint. Company: _____ Test Records: ☐ Yes ☐ No Test Date: _____

StandPipes ☐ Yes ☐ No ☐ Wet ☐ Dry

FDC Connection: ☐ Yes Location: _____

Supervision Type: ☐ Not Monitored ☐ Monitored Onsite ☐ Monitored Remote ☐ Auto Dialer

Hose Connection: _____ BackFlow Preventor: ☐ Yes

Alarm Company: _____ Test Records: ☐ Yes ☐ No Test Date: _____

Generators ☐ Yes ☐ No Power(KW): _____ Location: _____

Manufacture: _____ Fuel Type: _____

Supervision Type: ☐ Gas ☐ Diesel ☐ Natural Gas ☐ Propane

Test Records: ☐ Yes ☐ No Test Date: _____

Hood Systems ☐ Yes ☐ No ☐ Type1 ☐ Type2 Location: _____

Maint. Company: _____ Test Records: ☐ Yes ☐ No Test Date: _____

Other Systems Location: _____

Permits (Add additional sheets if needed)

Permit#	Permit Type	Issue Date	Expiration Date	Annual?
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Hazmat (Add additional sheets if needed)

S#	Chemical Name	Capacity	Activate Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Information