



**TOWNSHIP OF FAIRFIELD**  
 230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004  
 PHONE: 973-882-2700 EXT. 2506  
 FAX: 973-244-0178  
 LEA 07070  
**FIRE PREVENTION OFFICE**

**Business Registration Form**

Pursuant to the N.J. and Fairfield Township Registration System, you are hereby required to supply the information listed below.

**CRO INSPECTION WILL BE SCHEDULED ONCE THE FORM HAS BEEN FILLED OUT AND SUBMITTED.**

**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:  Corporation  LLC  Partnership  Condominium  Private  Gov.Agency  Cooperative  
 Type of Business: \_\_\_\_\_  
 Federal I.D.: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_  
 Hours of Operation: \_\_\_\_\_

**Business Owner**

Owner Name: \_\_\_\_\_  Owned by Corporation  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: \_\_\_\_\_  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: \_\_\_\_\_  Owned by Corporation  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: \_\_\_\_\_  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: \_\_\_\_\_  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**

#of Floors: \_\_\_\_\_

<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	_____				<input type="checkbox"/> Elevator Recall	
<input type="checkbox"/> Elevators	Location	_____					
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 Prot.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"/> Metallic	<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	_____	# Enclosed	_____				
Exit Doors/#exists	_____	Fire Walls	_____				
Entry Points	_____						

**Area (in Sq. Feet)**

Total Sq. Ft: \_\_\_\_\_ Building: \_\_\_\_\_ Tenant Space: \_\_\_\_\_

**Hazmat** (Add additional sheets if needed)

SDS#	Chemical Name	Capacity	Activate Date

**Additional Information**

Please email, fax or mail the completed form to the above address. Thank You.