



Regional Fire Prevention Alliance  
 205 Haines Avenue  
 Barrington, NJ 08007  
 (856) 547-0991  
 firealliance@barringtonboro.com



"Serving the Municipalities of Barrington, Hi-Nella, Lawnside, Mt. Ephraim and Oaklyn"

**FIRE INSPECTION REGISTRATION ANNUAL UPDATE**

OCCUPANCY REGISTRATION #: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 MUNICIPALITY: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

<b>OFFICE USE</b>	
Date	_____
\$	_____
Ck #	_____

**BUSINESS OWNER'S RESIDENCE**

NAME: \_\_\_\_\_  
 ADDRESS, CITY, STATE, ZIP CODE \_\_\_\_\_  
 PHONE: \_\_\_\_\_

**BUILDING OWNER (LANDLORD)**

NAME: \_\_\_\_\_  
 ADDRESS, CITY, STATE, ZIP CODE \_\_\_\_\_  
 PHONE: \_\_\_\_\_

**EMERGENCY CONTACTS**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS, CITY, STATE, ZIP CODE \_\_\_\_\_  
 NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS, CITY, STATE, ZIP CODE \_\_\_\_\_

**RESPONSIBLE PARTY (ONLY PERSON TO RECEIVE MAIL)**

NAME: \_\_\_\_\_  
 ADDRESS, CITY, STATE, ZIP CODE \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

Whoever is named as the Responsible Party is the designee to receive *all* invoices, notifications, correspondence, and certificates, in the mail, and at the address that is entered on the Registration. This person does not have to be the owner, but can be anyone the business owner specifies. The Accounts Payable or the Corp. Safety Officer as an example.



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### BUILDING INFORMATION

# OF STORIES: \_\_\_\_\_ # OF APTS. UNITS: \_\_\_\_\_  
SQ. FT. OF BUSINESS: \_\_\_\_\_ USE: \_\_\_\_\_  
DIMENSIONS OF BLDG.: \_\_\_\_\_ X \_\_\_\_\_  
FIRE ALARM: \_\_\_\_\_  
SERVICED BY: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
MONITORED BY: \_\_\_\_\_  
COOKING SUPPRESSION: \_\_\_\_\_  
SERVICED BY: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CLEANING FREQUENCY: \_\_\_\_\_  
TYPE OF CONSTRUCTION: \_\_\_\_\_  
TYPE OF HEAT: \_\_\_\_\_

### BUSINESS INFORMATION

TYPE OF BUSINESS: \_\_\_\_\_  
HAZARDOUS CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
HOURS OF OPERATION: \_\_\_\_\_  
# OF EMPLOYEES: \_\_\_\_\_ OCCUPANT LOAD: \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE & CORRECT

NAME: (PRINT) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Pursuant to NJAC 5:70-2. This application must be returned to this office within thirty (30) days

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