

Gloucester City Fire Department
One North King Street
Gloucester City New Jersey 08030
Telephone (856) 456-2652 ~ Fax (856) 456-0882

<u>This section is for Official Use:</u>	
Inspection System _____	Firehouse Software _____
Local ID Number: _____	Registered: _____
State ID Number: _____	Preplan ID: _____
LHU/UCC Code: _____	Life Hazard: _____

FIRE SAFETY CODE REGISTRATION 2007 UPDATE FORM

Property Information

Name Of Business/Apt(s): _____

Number Of Buildings: _____ Number of Units: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Building Owner Information
(PO Box Address' Are Not Acceptable)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Send Correspondence To: Property Building Owner Business Owner Manager/Agent

Building Owner Occupied: YES NO

Business Owner Information
(PO Box Address' Are Not Acceptable)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Type: _____ C – Corporation P – Partnership I – Individual

Emergency Contact Information (2 contacts required)

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Manager/Agent (If Applicable)
(PO Box Address' Are Not Acceptable)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Insurance Information

Insurance Carrier: _____ Telephone: _____

Policy Number: _____ Policy Amount: _____

Building Information

Description Of Business (If Applicable): _____

Number Of Stories _____ Tenant Occupied: _____

Square Footage: _____ Fire Extinguishers: _____

Is there a Detection System? (Smoke or Heat): _____

Do You Have A Fire Protection System: _____ (if mark all that apply)

Smoke Detectors: _____ Heat Detectors: _____ Sprinkler System: _____

Alarm Company: _____ Monitored (yes/no): _____

Alarm Company Telephone Number: _____

Type Of Construction (Cinder Block, Brick; Wood, Metal): _____

Heating System (Oil; Forced Air; Boiler; Gas; Electric): _____

Heating System Location: (B-Basement; A-Attic, R-Roof, O-Other, N-None, U-Unknown): _____

Electrical System (100 amp; 150 amp; 200 amp; Other; Unknown): _____

Electrical Panel (B-Basement; 1-First Floor; 2-Second Floor; O-Other; N-None; U-Unknown): _____

How many exit doors: _____ Emergency Lighting: _____ Exit Signs: _____

I certify that all statements made by me in this registration are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Signature: _____

Print Name: _____

Address: _____

Date: _____