

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

This section is for Official Use:

Inspection System:_____	Firehouse Software:_____
Local ID Number:_____	Registered:_____
State ID Number:_____	Preplan ID:_____
LHU/UCC Code:_____	Life Hazard:_____

FIRE SAFETY CODE REGISTRATION 2019 UPDATE FORM

Property Information

Name Of Business/Apt(s):_____

Number Of Buildings:_____ Number of Units:_____

Address:_____

City:_____ State:_____ Zip:_____

Telephone:_____ Office Home Cell

E-Mail Address:_____

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

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Telephone:_____ Office Home Cell

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

E-Mail Address:_____

Building Owner Occupied: YES NO

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

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Telephone:_____ Office Home Cell

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

E-Mail Address:_____

Emergency Contact Information (2 contacts required)

Name: _____ Telephone: _____ Office Home Cell

Name: _____ Telephone: _____ Office Home Cell

Name: _____ Telephone: _____ Office Home Cell

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Office Home Cell

E-Mail Address: _____

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 so 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: _____

Date: _____