

Logan Township

Bureau of Fire Prevention

125 Main Street • Bridgeport, New Jersey 08014
856-467-3626 • Fax 856-467-9260

NON - LIFE HAZARD USE REGISTRATION FORM

REGISTRANT INFORMATION

Business Ownership (mark the correct box)

(0) Corporation (1) Private/Individual (2) Partnership (3) Condominium

(4) Cooperative (5) Government Agency (6) LLC Corporation

Business Owner Mailing Address:

If Private/Individual: Name _____
Last First Middle Initial

If Other: _____
Give FULL Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A, etc.

Address: _____
P.O. Box Number or Street Number and Name

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Social Security Number: _____

BUSINESS LOCATION INFORMATION

Name of Building or Business: _____

Building location: _____

Suite or Room Number: _____ (Number & Street)
Municipality: _____ County: _____

Business Telephone: (____) _____ Block Number: _____ Lot Number: _____

Height of Building: _____ Stories: _____ Square Footage: _____ Occupant Load: _____

BOCA Use Group: _____ Brief Description of Business: _____

FOR DIVISION USE ONLY

Inspector Name: _____ Certification Number: A00 _____ Date: ____ / ____ / ____

Registration Number: _____ LEA: _____