



FRANKFORD TOWNSHIP

FIRE PREVENTION BUREAU

151 US HWY. 206 - AUGUSTA, NJ 07822 PH: 973-948-7592 FAX: 973-948-0943

NEW BUSINESS REGISTRATION

Business Name: _____ Application Date: _____

Street Address: _____ Block: _____ Lot: _____ Qualifier: _____

Phone #: _____ Email Address: _____

Business Owner's Name: _____

Street Address: _____ City: _____ State: _____

Business Type: Individual _____ Partnership _____ Corporation _____ Other _____

Federal ID Number: _____ Hours of Operation: _____

Description of use/occupancy of this building/business:

Do you.... OWN or LEASE the property (circle one)

Building Owner's Name: _____

Federal ID Number: _____

Street Address: _____ City: _____ State: _____

Emergency Contacts:

#1: _____ Phone #: _____

#2: _____ Phone #: _____

#3: _____ Phone #: _____

Please indicate where all mail, actions, orders, or notices are to be sent:

Name: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Use Group: _____ Occupancy Load: _____
Height of Building: _____ Stories: _____ Square Footage: _____

Alarms and Suppression System(s) (if present)

- | | | |
|---|---|---|
| <input type="checkbox"/> Sprinkler System | <input type="checkbox"/> Cooking Protection | <input type="checkbox"/> Fire Extinguishers |
| <input type="checkbox"/> Smoke Detectors – Hard Wired | <input type="checkbox"/> Heat Detectors | <input type="checkbox"/> Manual Pull Alarm |
| <input type="checkbox"/> Smoke Detectors – Battery | <input type="checkbox"/> Carbon Monoxide | <input type="checkbox"/> Duct Detector |

Monitoring Company _____

Phone _____ Emergency Contact _____

Knox Box: If a key box is required per Township Ordinance 14-1.13, all keys/cards contained therein must be maintained up to date. Failure to keep keys/cards current could delay fire fighting efforts and cause forcible entry damage. All keys/cards are current. Initial here: _____

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT ON THE OWNER'S BEHALF, AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE INTERNATIONAL FIRE CODE AND THE NEW JERSEY FIRE CODE AS WELL AS ANY SPECIFIC CONDITIONS IMPOSED BY THE FIRE OFFICIAL.

Print Name

Signature

Title

Date

FOR OFFICIAL USE ONLY

___ Life Hazard	Type: _____	Registration #: _____
___ Non-Life Hazard	Type: _____	Registration #: _____