



76 South Orange Ave, Suite 302  
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www.southorange.org  
Anthony Greci, Fire Official  
Ken Marr, Jr. Fire Inspector

**APPLICATION FOR CERTIFICATE OF REGISTRATION**  
(please print or type all information)

The Uniform Fire Code states: The owner of all businesses, occupancies, buildings, structures, or premises required to be inspected under Section 8.52.110 shall apply annually to the Local Enforcing Agency for a Certificate of Registration upon forms provided by the Fire Official. It shall be a VIOLATION of this ORDINANCE for any owner to fail to return such forms to the Local Enforcing Agency and/or Fire Official within thirty (30) days of receipt. 8.52.120

\*\*\*\*\*THIS AREA OFFICE USE ONLY\*\*\*\*\*

Date Registered: \_\_\_\_\_

Local I.D.# \_\_\_\_\_ State I.D.# \_\_\_\_\_ U&O Code: \_\_\_\_\_ LHU Code: \_\_\_\_\_

\*\*\*\*\*

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Do you own or lease the property:       Own       Lease      (*circle one*)

Building Owner's Name: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

Business Type:    Individual       Partnership       Corporation       Other: \_\_\_\_\_

Emergency Contacts:

Contact Person #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person #1: \_\_\_\_\_ Phone: \_\_\_\_\_

**BUILDING INFORMATION:**

Description of use/ occupancy of this building/ business: \_\_\_\_\_

Square Feet: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Roof Construction: \_\_\_\_\_

Floor Construction: \_\_\_\_\_

Truss Construction (floor/ roof/ both): \_\_\_\_\_

Sprinkler System: \_\_\_\_\_

OS+Y Location: \_\_\_\_\_

Alarm/ Suppression System Description: \_\_\_\_\_

Monitoring Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Closest Fire Hydrant: \_\_\_\_\_

Knox Box Location: \_\_\_\_\_

Flammable / Combustible Liquids: \_\_\_\_\_

Other Hazards: \_\_\_\_\_

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 uniform fire safety code as well as any specific conditions imposed by the Fire Official.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*\*\*\*\*THIS AREA OFFICE USE ONLY\*\*\*\*\*

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_