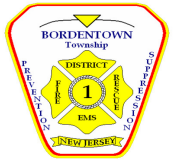


**BUREAU OF FIRE PREVENTION
 BORDENTOWN TWP. FIRE DISTRICT #1
 PO BOX 11372
 YARDVILLE, NJ 08620
 609-298-5375
 609-298-4501 (FAX)**



New Registration / Use Report

Physical Location: Name: _____
 Address: _____ City _____
 State: _____ Zip: _____ Phone# _____

Business Owner: Name: _____
 Address: _____ City _____
 State: _____ Zip: _____ Phone# _____

Building Owner: Name: _____
 Address: _____ City _____
 State: _____ Zip: _____ Phone# _____

Please Check One:

Type of Ownership: C = Corporation P = Partnership I = Individual L=LLC

Please Check One:

Send Mail To: Property Business Owner Building Owner

Emergency Contact # 1: _____
 Phone #: _____

Emergency Contact # 2: _____
 Phone #: _____

Emergency Contact # 3: _____
 Phone #: _____

Manager Name: _____
 Phone #: _____

Official Use Only

Local Registration #	_____	Date Registered	_____
State Registration #	_____	Premises PH #	_____
Inspection frequency:	<u>90</u> <u>365</u>	Life Hazard?	Yes No
Inspector Region:	<u>321</u> <u>322</u> <u>600</u>		<i>If Yes Complete LHU Form</i>
Department Local:	<u>321</u> <u>322</u> <u>600</u>	Building Occupied?	Yes No
Occupancy Load:	_____	LHU / Local Code	_____
Block – Lot #:	_____ / _____	BOCA Use Group	_____

Description / Additional Uses : _____

**BUREAU OF FIRE PREVENTION
BORDENTOWN TWP. FIRE DISTRICT # 1**

Page 2

Building Information

Number of Stories: _____

Number of Exits: _____

Type of Construction: Fire Resistive Non-combust Ordinary Wood Frame Heavy Timber

Truss Construction: Roof Floor None

Attic	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exit Signs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Area (in Sq. Ft.) Building _____ LHU _____ Basement _____
Basement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Lights	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof Hatches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Escapes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Skylights	<input type="checkbox"/> Yes <input type="checkbox"/> No	Elevators	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Elevator Recall	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Extinguisher	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Detection System <input type="checkbox"/> Yes <input type="checkbox"/> No Smoke Detectors - Hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No Smoke Detectors - Battery <input type="checkbox"/> Yes <input type="checkbox"/> No Heat Detectors <input type="checkbox"/> Yes <input type="checkbox"/> No Manual Pull <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Local <input type="checkbox"/> Central System
Test Records	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Cooking Protected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Test Records	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> full <input type="checkbox"/> basement <input type="checkbox"/> partial <input type="checkbox"/> spray booth	Standpipes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Wet <input type="checkbox"/> Dry Test Records <input type="checkbox"/> Yes <input type="checkbox"/> No FDC <input type="checkbox"/> Yes <input type="checkbox"/> No Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Local <input type="checkbox"/> Central Date of Last Inspection _____ Locations _____
Test Records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Test Records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Dept. FDC	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sprinkler Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Local <input type="checkbox"/> Central	
Date of Last Inspection:	_____	

Emergency Generator Yes No n/a Test Records Yes No
Date Of Last Inspection _____

Suppression System Co. Name: _____

Extinguisher Company Name: _____

Fire Alarm Company Name: _____

Floor Construction	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood				
Bearing Walls	<input type="checkbox"/> Concrete <input type="checkbox"/> Block	<input type="checkbox"/> Wood	<input type="checkbox"/> Brick	<input type="checkbox"/> Metal	<input type="checkbox"/> Other
Ceiling	<input type="checkbox"/> Plaster <input type="checkbox"/> Sheet Rock	<input type="checkbox"/> Wood	<input type="checkbox"/> Acoustic	<input type="checkbox"/> Metal	<input type="checkbox"/> Other
Roof Construction	<input type="checkbox"/> Concrete <input type="checkbox"/> Reinf. Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Trusses	<input type="checkbox"/> Metal	<input type="checkbox"/> Other
Heating	<input type="checkbox"/> Oil <input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other	<input type="checkbox"/> Hot water	<input type="checkbox"/> Hot Air <input type="checkbox"/> Steam
Electric	<input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breaker		Wiring	<input type="checkbox"/> Good	<input type="checkbox"/> Poor

Pre-Plan Information

Water Supply

#1 - Location: _____

Flow: _____

Distance: _____

#2 - Location: _____

Flow: _____

Distance: _____

Hazards & Hazardous Materials (Attach MSDS + Quantities): _____

Fire Flow Calculations

25% Involvement: _____

50% Involvement: _____

75% Involvement: _____

100% Involvement: _____

Fire behavior: _____

Problems anticipated: _____

Fire Protection Systems

Utilities

Standpipe? Yes No
Location: _____

Gas: _____

Sprinkler? Yes No
Location: _____

Electric: _____

Water: _____

Detection? Yes No
Location: _____

Fuel Oil: _____

Propane: _____

Heating: _____

Fire Department Connection:

Location: _____

TRAC Box

Location: _____

Serial # _____

Other Important Info:

Inspector (print) Certification # Reviewed by

Number of Violations	
Maint.	Retro

 Inspection Date