

**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**

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

**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	<b>Fire Detection System</b> <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	<b>Standpipes</b> <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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Test Records <input type="checkbox"/> Yes <input type="checkbox"/> 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	<b>Wiring</b> <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