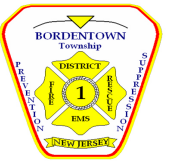


**BUREAU OF FIRE PREVENTION
 BORDENTOWN TWP. FIRE DISTRICT #1
 PO BOX 11372
 YARDVILLE, NJ 08620
 609-298-5375
 609-298-4501 (FAX)**



New Registration / Use Report

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

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

Building Owner: Email _____
 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 #:/Email _____ / _____

Emergency Contact # 2: _____
 Phone #:/Email _____ / _____

Emergency Contact # 3: _____
 Phone #:/Email _____ / _____

Manager Name: _____
 Phone #:/Email _____ / _____

Official Use Only

Local Registration # _____ **Date Registered** _____
State Registration # _____ **Premises PH #** _____

Inspection frequency:	90	365	Life Hazard?	Yes	No
Inspector Region:	321	322		<i>If Yes Complete LHU Form</i>	
Department Local:	321	322	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
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	Smoke Detectors - Hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> full <input type="checkbox"/> basement	Smoke Detectors - Battery <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> partial <input type="checkbox"/> spray booth	Heat Detectors <input type="checkbox"/> Yes <input type="checkbox"/> No
Test Records <input type="checkbox"/> Yes <input type="checkbox"/> No	Manual Pull <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Pump <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	Standpipes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Wet <input type="checkbox"/> Dry
Fire Dept. FDC <input type="checkbox"/> Yes <input type="checkbox"/> No	Test Records <input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	FDC <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Local <input type="checkbox"/> Central	Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Last Inspection: _____	<input type="checkbox"/> Local <input type="checkbox"/> Central
	Date of Last Inspection _____
	Locations _____

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 Wiring <input type="checkbox"/> Good <input type="checkbox"/> Poor					

BUREAU OF FIRE PREVENTION
BORDENTOWN TWP. FIRE DISTRICT #1
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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

Standpipe?	Yes	No
Location:	_____	_____
Sprinkler?	Yes	No
Location:	_____	_____
Detection?	Yes	No
Location:	_____	_____

Utilities

Gas: _____
Electric: _____
Water: _____
Fuel Oil: _____
Propane: _____
Heating: _____

Fire Department Connection:

Location: _____

TRAC Box

Location: _____
Serial #: _____

Other Important Info:

