BUREAU OF FIRE PREVENTION
BORDENTOWN TWP. FIRE DISTRICT #1
PO BOX 11372
YARDVILLE, NJ 08620
609-298-5375
DUTYFM@MISSIONFIRE.ORG

New Registration / Use Report

Physical Location: Name: _____

Address: _____ City _____

State: _____ Zip: _____ Phone# _____

Email _____

Business Owner: Name: _____

Address: _____ City _____

State: _____ Zip: _____ Phone# _____

Email _____

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 #:/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**
Inspector Region: **321** **322** **600**
Department Local: **321** **322** **600**
Occupancy Load: _____
Block – Lot #: _____ / _____

Life Hazard? **Yes** **No**
*If **Yes** Complete LHU Form*
Building Occupied? **Yes** **No**
LHU / Local Code _____
BOCA Use Group _____

Description / Additional Uses : _____

BUREAU OF FIRE PREVENTION
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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	☐ Yes	☐ No	**Exit Signs**	☐ Yes	☐ No	**Area (in Sq. Ft.)**		
Basement	☐ Yes	☐ No	**Emergency Lights**	☐ Yes	☐ No	**Building**	_____	
Roof Hatches	☐ Yes	☐ No	**Fire Escapes**	☐ Yes	☐ No	**LHU**	_____	
Skylights	☐ Yes	☐ No	**Elevators**	☐ Yes	☐ No	**Basement**	_____	
			Elevator Recall	☐ Yes	☐ No			

Extinguisher ☐ Yes ☐ No
Test Records ☐ Yes ☐ No **Date:**

Cooking Protected ☐ Yes ☐ No ☐ n/a
Test Records ☐ Yes ☐ No **Date:**

Sprinklers ☐ Yes ☐ No ☐ n/a
☐ full ☐ basement
☐ partial ☐ spray booth
Test Records ☐ Yes ☐ No

Fire Pump ☐ Yes ☐ No
Test Records ☐ Yes ☐ No
Fire Dept. FDC ☐ Yes ☐ No
Sprinkler Alarm ☐ Yes ☐ No
☐ Local ☐ Central

Date of Last Inspection: _____

Fire Detection System
☐ Yes ☐ No

Smoke Detectors - Hardwired ☐ Yes ☐ No
Smoke Detectors – Battery ☐ Yes ☐ No
Heat Detectors ☐ Yes ☐ No
Manual Pull ☐ Yes ☐ No
☐ Local ☐ Central System

Standpipes
☐ Yes ☐ No ☐ Wet ☐ Dry

Test Records ☐ Yes ☐ No
FDC ☐ Yes ☐ No
Alarm ☐ Yes ☐ No
☐ Local ☐ Central

Date of Last Inspection _____

Locations _____

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	☐ Concrete	☐ Wood						
Bearing Walls	☐ Concrete	☐ Block	☐ Wood	☐ Brick	☐ Metal	☐ Other		
Ceiling	☐ Plaster	☐ Sheet Rock	☐ Wood	☐ Acoustic	☐ Metal	☐ Other		
Roof Construction	☐ Concrete	☐ Reinf. Concrete	☐ Wood	☐ Trusses	☐ Metal	☐ Other		
Heating	☐ Oil	☐ Gas	☐ Electric	☐ Other	☐ Hot water	☐ Hot Air	☐ Steam	
Electric	☐ Fuses	☐ Circuit Breaker		**Wiring**	☐ Good	☐ 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

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: _____

_____

_____

_____

Inspector (print)	Certification #	Reviewed by	Number of Violations Maint. Retro	Inspection Date