

**EAST BRUNSWICK BUREAU OF FIRE PREVENTION  
FIRE DISTRICT NO. 2**

**216 Joseph Street, East Brunswick, New Jersey 08816**

(732) 210-4582 Fax: (732) 651-1944

www.ebfd2.org



**FIRE INSPECTION REGISTRATION FORM**

(please print or type all information)

\*\*\*\*\*  
this area office use only

Local I.D.#: \_\_\_\_\_ State I.D.#: \_\_\_\_\_ Date Registered: \_\_\_\_\_

\*\*\*\*\*

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

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

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Block/Lot: \_\_\_\_\_ Do you... OWN or LEASE the property (circle one)

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

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

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

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

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

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

E-mail Address: \_\_\_\_\_

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

Manager/Agent: \_\_\_\_\_

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

Phone/FAX #: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #3: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Alarm/Protection System Information:**

Protection System: \_\_\_\_\_

Detection System: \_\_\_\_\_

Alarm Panel Loc'n.: \_\_\_\_\_

Alarm Co. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*\*\*\*\*  
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\*\*\*\*\*

Description of use:  
\_\_\_\_\_  
\_\_\_\_\_

Construction Information:

Building Stories: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Truss construction: FLOOR ROOF FLOOR/ROOF (circle one)

Square Footage: \_\_\_\_\_

Siamese Connection: \_\_\_\_\_

Standpipe System: \_\_\_\_\_

Sprinkler Shutoff: \_\_\_\_\_

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

Nearest Hydrant: \_\_\_\_\_

Nearest Cross St.: \_\_\_\_\_

Basement: YES NO Attic: YES NO

Basement Sprinkler: FULL PARTIAL NONE

Special Hazards: \_\_\_\_\_

Gas Shutoff: \_\_\_\_\_

Electric Shutoff: \_\_\_\_\_

Heating System: \_\_\_\_\_

Egress Lighting: \_\_\_\_\_

Exit Doors/# Exits: \_\_\_\_\_

Occupancy Load: \_\_\_\_\_

I CERTIFY THAT ALL STATEMENTS MADE ABOVE ARE TRUE

Signature: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

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