

Plumsted Township Fire District #1 Office of the Fire Marshal 59 Main Street PO Box 267 New Egypt, New Jersey 08533

Office 609-758-3920 Fax 609-758-3921 Cell 848-992-2833

| Owners of possible Life Hazard Use businesses | REGISTRATION FORM must complete and file this form in accordance with the Uniform 1.). Failure to do so may result in a penalty of up to \$1,000.00 | |
|---|---|--|
| | ness Registration Information | |
| 1. Business Ownership (mark the correct box): | | |
| (0) Corporation (1) Private / Individ | iual (2) Partnershin (3) Condon | ainium |
| (4) Cooperative (5) Government Ag | | muum |
| 2. Business/Corporation Mailing Address: | (b)EEC Corporation | |
| If Private / Individual: Name: | | |
| Last | First | Middle Initial |
| If Other: | | |
| | o, Including Corporation, Incorporated, Partnership, T | /A etc. |
| Address:PO Box Number or | Street Number and Name | |
| City: State: | | |
| | | |
| Federal Employer (Tax ID) Number | Social Security Number (For Private / Indiv | ridual Only) |
| In | a accordance with N.J.S.A. 52:27D -201 and N.J.A.C. 5:3-1.2, vol- your social security number will ensure the efficiency of its program | untary provision of m's notification system. |
| Telephone: (| ntinued on Reverse Side | |
| FOR FIRE O | OFFICIAL / DFS USE ONLY | |
| USE CODE (S) | | |
| LEA Number: | | |
| Assigned Owner Number | | New Application |
| Alternate Owner Number: | | Transfer |

| Name: | | | | |
|---|---|---------------------|--------------------------------|--------|
| Name: | | | | |
| Address:Number | Street Name | | | |
| City | C | | | |
| City: | | | | _ |
| Telephone: () | | | | |
| Briefly describe the building typ | es and / or uses or business | es you own. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Part B - Business Lo | cation Information | | |
| N | (Physical location and r | | • | |
| Name of Building or Business: _ | | - | | |
| Building Location: | | | | |
| | (Number ar | | | |
| Suite or Room Number: | Municipality: | | County: | |
| Di ini | | | | |
| Block Number | Lot Numb | er | Municipal Tax Account N | umber |
| Height of Building (in feet) | N | - | | |
| rieight of Building (in feet) | Number of Stories | Square Foot | age Occupant l | Load |
| | | | | |
| I certify that all states of the foregoing statem | nents made by me on this r tents made me are willfully | egistration applica | tion are true. I am aware that | if any |
| Bonn Bonner | ients made me are willfully | iaise, i am subject | to punishment. | |
| Signature of Owner | or Agent Completing This F | | Date | |
| 8 *** | | | 24.0 | |
| Printed Name of Own | er or Agent Completing this | Form | Title | |
| | | | | |
| Street Address of Own | er or Agent Completing This | Form | | |
| | | | | |
| City | State Zip (| `ada | | |