



BOROUGH OF EDGEWATER
FIRE SAFETY CODE REGISTRATION FORM

Pursuant to Borough of Edgewater Ordinance,
please complete and/or correct this information:

1. Name of Business and Building Address

Name			
Address	Number	Street	Suite, Complex, Floor, etc.
City	State		Zip code
Block and Lot Number	Premises Phone number		Number of Stories

2. Type of Construction (wood frame, masonry and steel, other, etc.)

3. Name and Address of person owning business, if other than the building owner

Name			
Address	Number	Street	Suite, Complex, Floor, etc.
City	State		Zip code
Phone Number	Emergency Phone Number		

4. Describe briefly the building use and/or uses or business use and/or uses.

5. Fire insurance information (contents).

Name of Carrier	Policy Number
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6. Floor area of use or business _____ square feet.

7. Occupant capacity as determined by local enforcement agency:

(If none has been determined, write N/A.)

8. Location of business or use in the building:

16. If the building contains three or more units, is it registered with the Department of Community Affairs in the Bureau of Housing Inspection? (Certificate of Registration should be found in the common area.)

No _____ Yes _____ If yes, what is the registration number? _____

18. Name and address of person responsible for maintaining the premises of this use or business name

Name

Address	Number	Street	Suite, Complex, Floor, etc.
City	State		Zip code

Phone Number	Emergency Phone Number
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I certify that all statements made by me in this registration are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of Affiant	Printed Name
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Fire Registration Form FSC