

DEPARTMENT OF BUILDINGS

BOROUGH OF EDGEWATER
EDGEWATER, NEW JERSEY 07020

AREA CODE 201-943-1700 EXT. 3126



JOHN CANDELMO
CONSTRUCTION OFFICAL
LAND USE ADMINISTRATOR

Date: _____

Note: Proof of paid taxes must be shown before issuance of a certificate.

TAX OFFICE: _____

Please Print

LOCATION OF INSPECTION: _____

CURRENT OWNER'S NAME: _____

CURRENT OWNER'S ADDRESS: _____

CURRENT OWNERS PHONE: _____ CELL: _____

SALE

BUYER'S NAME: _____

BUYER'S HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

BUYER'S PHONE NUMBER: _____ CELL PHONE: _____

REALTOR'S NAME: _____ PHONE: _____

PLEASE CHECK ONE

PROPERTY WILL BE USED AS: ___ **PRIMARY RESIDENCE** ___ **RENTAL PROPERTY** ___ **BUSINESS**

RENTAL

TENANT'S NAME: _____

TENANT'S PHONE NUMBER: _____ CELL PHONE: _____

APARTMENT/SUITE NUMBER: _____ FLOOR NUMBER: _____

BLOCK: _____ **LOT:** _____ **ZONE:** _____

() **ONE FAMILY** () **CONDO**

() **TWO FAMILY** () **CO-OP**

() **MULTI FAMILY** () **OTHER**

BUSINESS: (BRIEF DESCRIPTION) _____

APPLICATION SUBMITTED BY: _____ PHONE: _____

EDGEWATER BUREAU OF FIRE PREVENTION
REGISTRATION FORM

As per the New Jersey State Uniform Fire Code and The Borough Ordinance 1235-2002 Section 7, all uses other than OWNER OCCUPIED 1 & 2 family homes shall register with the Edgewater Bureau of Fire Prevention.
ALL SECTIONS SHALL BE COMPLETED

PROPERTY:

Name of Business: _____

Address: _____

Phone #: _____ Cell #: _____ Fed. ID# _____

Email: _____

BUILDING OWNER:

Name of Owner: _____

Address: _____

Phone #: _____ Cell #: _____ Fed. ID# _____

Email: _____

BUSINESS OWNER:

Name: _____

Home Address: _____

Phone #: _____ Cell #: _____ Fed. ID# _____

Email: _____

EMERGENCY CONTACTS:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

AGENT:

Name: _____

Address: _____

Suite/Complex: _____ Phone #: _____ Fed. ID#: _____

Email: _____

PLEASE COMPLETE BOTH SIDES

USE AND OCCUPANCY:

Is Building/Business a Life Hazard? Y/N Has it Been Registered with the State? Y/N

If yes what is the State ID # _____

Briefly Describe Business: _____

Occupancy Load for Space listed on Submitted Plans. _____ (must be filled out)

(Per room if applicable) Room# _____ Occupancy load _____ Room# _____ Occupancy load _____

Room# _____ Occupancy load _____ Room# _____ Occupancy load _____

Room# _____ Occupancy load _____ Room# _____ Occupancy load _____

Fire Alarm Service Company Information:

Name: _____ **Description:** _____

Phone: _____ **Email:** _____

Sprinkler Company Information:

Name: _____ **Description:** _____

Phone: _____ **Email:** _____

Cooking Suppression Company Information:

Name: _____ **Description:** _____

Phone: _____ **Email:** _____

Central Station or Monitoring Company:

Name: _____

Phone: _____

BUILDING CONSTRUCTION:

How Many Stories? _____ Square Footage of Business or Use: _____ Sq. Ft.

Construction Type: _____ Basement: Y/N If yes Sq. Feet _____

Does Building Have Trusses? Y/N If yes indicate Roof, Floor, or Both _____

Heating System Location & type: _____

Electrical System Location: _____

Egress Lighting: Y/N

Number of Units: _____ Inspection Fee is \$250.00 per Business