



**MONROE TOWNSHIP BUREAU OF FIRE PREVENTION**  
**DISTRICT 2** 10 HALSEY REED ROAD MONROE TOWNSHIP NJ 08831  
PHONE (609) 395-6830 FAX (609) 395-0483 fireofficial@station57.org  
SCOTT J. VOLKMANN- CHIEF OF DEPARTMENT/ FIRE OFFICIAL

**Business Registration Form**

**NAME OF BUSINESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** Monroe Township **STATE:** NJ **ZIP CODE:** 08831

**OWNERSHIP INFORMATION**

**1. Ownership Type:**

Individual/Sole Proprietorship  Corporation  LLC

**2. For Individual/Sole Proprietorship**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

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

Phone Contact: \_\_\_\_\_

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

**3. For Other Types of Ownership**

Organization Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

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

Phone : \_\_\_\_\_

4. **Federal Employer ID Number:** \_\_\_\_\_

5. **Registered Agent Same as Owner?** Yes No

6. **If you answered NO to Question 5:**

Agent First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

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

Phone : \_\_\_\_\_

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

7. **Property Ownership Contact:**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

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

Phone : \_\_\_\_\_

Job Title: \_\_\_\_\_

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

8. **Emergency Contact:**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

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

Phone : \_\_\_\_\_

Job Title: \_\_\_\_\_

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

**BUILDING INFORMATION**

1. **Pre 1977 Construction**    Yes    No    CO Date\_\_\_\_\_

2. **Block** \_\_\_\_\_ **Lot** \_\_\_\_\_

3. **# of Stories**\_\_\_\_\_

4. **# of Stories Below Grade**\_\_\_\_\_

5. **Total Square Feet**\_\_\_\_\_

6. **Maximum Occupancy**\_\_\_\_\_

7. **# of Exits**\_\_\_\_\_

8. **Grade Height**\_\_\_\_\_

9. **Construction Type:** Frame Masonry and Concrete Masonry Steel Exterior Masonry Wall and Frame Combination

Type 1A - Concrete Type 1B – Concrete Type 2A – Steel Type 2B – Steel Type 2C – Steel Type 3A – Masonry/Wood Type 3B – Masonry/Wood Type 4 – Heavy Timber Type 5A – Wood Type 5B – Wood N/A

10. **Heat Fuel Source:** Electric Gas Geothermal Liquified Natural Gas (LNG) Liquified Petroleum Gas (LPG) Oil Wood None N/A

11. **Heat Type:** Forced Air Hot Water/Radiator Radiant Steam None N/A

12. **Alternate Power Source:** None N/A Solar Geothermal Wind

13. **Back-Up Power Source:** None N/A Battery Emergency Generator Multiple Grids from Power Company

14. **Emergency Generator Powered Devices:** Select All Emergency Lights Exit Lights Fire Detection System N/A

15. **Roof Characteristics:** # of Roof Hatches\_\_\_\_\_

**Roof Construction:** Concrete Metal Truss Wood N/A **Roof Coverings:** Select All Asphalt Shingles Asphalt/Tar Metal Rubber Slate Tile N/A **Roof Truss Type:** Bowstring Metal Steel Bat Joist Wood N/A

16. **Truss Roof Construction** Yes    No

17. **# of Roof Skylights**\_\_\_\_\_

18. **Solar Panels** Yes    No