



Carlstadt Fire Department

Bureau of Fire Safety

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FIRE SAFETY REGISTRATION FORM LIFE HAZARD and NON-LIFE HAZARD USE

The Carlstadt Fire Department Bureau of Fire Safety has been designated the Local Enforcing Agency (LEA) to implement the provisions of the New Jersey State Uniform Fire Code (UFC). The UFC provides for the adoption of a fee schedule to cover the cost of annual fire safety inspections in addition to administrative fees, penalties, and fines to violators. Please complete the below registration form and return along with a check made payable to the Borough of Carlstadt within 45 days of receipt. Your registration fee is based on the total square footage of all floors and suites which comprises your occupancy. Each individual business or common area is to be registered separately, i.e., three businesses are three separate registrations.

- Life Hazard Use fees are determined by the NJ Uniform Fire Code and billed directly by the NJ Division of Fire Safety.
- Non-Life Hazard Use fees are determined by Borough Ordinance as follows and billed by Carlstadt Fire Department Bureau of Fire Safety.

<u>Class</u>	<u>Description</u>	<u>Amount</u>
A	Buildings up to 3,000 square feet	\$65
B	Buildings of 3,001 to 5,000 square feet	\$100
C	Buildings of 5,001 to 10,000 square feet	\$175
D	Buildings more than 10,000 square feet	\$250
E	Multifamily buildings, per dwelling unit	\$45

Owners of Life Hazard Use businesses must complete and file this form in accordance with the Uniform Fire Safety Act (N.J.A.C. 52:27D-192 et seq.). Owners of Non-Life Hazard Use businesses must complete and file this form in accordance with Borough of Carlstadt Ordinance No. 13-1.4. Failure to do so may result in a penalty of up to \$1000.

PART A – BUSINESS LOCATION INFORMATION

1. **Business Name:** _____
2. **Physical Address/Location:** Street: _____ Suite: _____
City: _____ State: _____ Zip Code: _____ Tel: _____
Email: _____ Block: _____ Lot: _____

PART B – BUSINESS REGISTRATION INFORMATION

3. **Ownership Type:**
 CORPORATION PRIVATE/INDIVIDUAL LLC CORPORATION PARTNERSHIP
 CONDOMINIUM COOPERATIVE GOVERNMENT AGENCY
 OTHER: _____
4. **Business Owners Name (if Private/Individual):** _____
Last First MI
5. **Business Name:** (Give FULL legal name of business, including Corporation, Incorporated, Partnership, etc.)

If incorporated, list corporate officers: _____

If partnership, list partners: _____

