



Carlstadt Fire Department

Bureau of Fire Safety

Fire Official Anthony M. Silletto III

500 Madison Street, Carlstadt, NJ 07072

Phone: (201) 460-3942

firesafety@carlstadtnj.us

www.carlstadtfld.org/firesafety

FIRE SAFETY REGISTRATION FORM

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 *within 45 days* of receipt. Each individual business or common area is to be registered separately, i.e., three businesses are three separate registrations. **An invoice will be issued only if a fee applies to your business.**

- 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 per Borough Ordinance and billed by Carlstadt Fire Department Bureau of Fire Safety.
- Multifamily Dwellings are \$50 per dwelling unit.

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. 13-1.4.1. Failure to do so may result in a penalty of up to \$1,000.

PART A – BUSINESS LOCATION INFORMATION

Business Name: _____

Physical Address: Street: _____ Suite: _____

Business Telephone: _____ Block: _____ Lot: _____

PART B – BUSINESS REGISTRATION INFORMATION

Ownership Type: Individual/Sole Proprietorship Corporation LLC Other: _____

Business Owner's Name (if private/individual): _____

Business Name: _____

If incorporated, list corporate officers: _____

Business Mailing Address

Street: _____ Suite: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____ Fed Tax ID: _____

Business Use: (brief description of business including any use of flammables, combustibles, or hazardous materials)

Registered Agent – Must be a New Jersey address separate from the business location

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

PART C – BUILDING INFORMATION

Building Owner Information:

Owner Occupied: -OR- Tenant/Non-Owner Occupied:

If non-owner occupied, list building landlord or management company information:

Name: _____ Point of Contact: _____

Street Address: _____ Suite: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ E-Mail: _____

Occupancy Information:

Number of Stories: _____	Height of Building: _____
Stories below grade: _____	Occupant Load/Units: _____
Total Square Footage: _____	Number of Exits: _____
Basement sq. ft.: _____	Number of Skylights: _____
First Floor sq. ft.: _____	Roof Hatches: _____
Second Floor sq. ft.: _____	Solar Panels: _____
Third Floor sq. ft.: _____	Truss Construction: _____

Fire Alarm & Fire Suppression Information:

Fire Alarm System: Yes No Name of Contractor: _____

Fire Suppression System: Yes No Name of Contractor: _____

Cooking Suppression System: Yes No Name of Contractor: _____

Emergency Contacts:

Primary: Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Secondary: Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I am authorized to complete this application on behalf of the stated business.

Signature of Individual Completing this Form: _____ Date: _____

Printed Name of Individual Completing this Form: _____ Date: _____

NOTE: Please keep a copy of this form for your records and submit updates to the Bureau of Fire Safety as needed.

FOR OFFICE USE ONLY

INITIAL REGISTRATION: YES NO	UPDATE YES NO
TRANSFER: YES NO	AMEND: YES NO
LOCAL REG. FEE: YES NO	STATE ID: 0205- _____
ANNUAL PERMIT TYPE: _____	DATE: _____