



**Borough of Totowa**  
 Fire Prevention Bureau  
 537 Totowa Road  
 Totowa, New Jersey 07512  
 973-956-1000 ext. 1013

**Business Registration Form**

Pursuant to the New Jersey Uniform Fire Code, in effect in the Borough of Totowa, you are hereby requested to supply the information listed below within THIRTY DAYS of receipt of this application.

FAILURE TO RESPOND TO THIS REGISTRATION SURVEY WITHIN THIRTY (30) DAYS WILL RESULT IN A PENALTY OF \$500.00 FOR EACH OCCURRENCE.

**Business Details**

Business Name: \_\_\_\_\_ Business Phone#: ( ) - \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Business Address2: \_\_\_\_\_  
E.g., 502 Pleasant Valley Ave Suite, Unit, Floor, eg., Suite 1

Type of Ownership:  Corporation  LLC  Partnership  Condominium  Private  Gov. Agency  Cooperative

Type of Business: \_\_\_\_\_

UFC Use Group: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_  
 Life Hazard Use: \_\_\_\_\_ LHU State ID#: \_\_\_\_\_  
 Federal I.D.: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

**Business Owner**

Owner Name: \_\_\_\_\_  Owned by Corporation  Individual  
Corporate Name or if individual then First Last and Middle Name

Owner Address: \_\_\_\_\_ Owner Address2: \_\_\_\_\_  
Corporate or Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1

Owner City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner Phone: ( ) - \_\_\_\_\_ Owner Mobile Phone#: ( ) - \_\_\_\_\_  
 Email Address: \_\_\_\_\_  Include in Emergency Contact List. If Yes, Contact Seq#

**Building Owner**  Check if Building Owner is same as Business Owner (If different, complete the section below)

Owner Name: \_\_\_\_\_  Owned by Corporation  Individual  
Corporate Name or if individual then First Last and Middle Name

Owner Address: \_\_\_\_\_ Owner Address2: \_\_\_\_\_  
Corporate or Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1

Owner City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner Phone: ( ) - \_\_\_\_\_ Owner Mobile Phone#: ( ) - \_\_\_\_\_  
 Email Address: \_\_\_\_\_  Include in Emergency Contact List. If Yes, Contact Seq#

**Agent/Manager**  Check if Agent is same as Business Owner (If different, complete the section below)

Agent Name: \_\_\_\_\_ Agent Title: \_\_\_\_\_  
First Last and Middle Name

Agent Address: \_\_\_\_\_ Agent Address2: \_\_\_\_\_  
Residence address, eg., 100 Main st Suite, Apt, Floor, eg., Apt 1

Agent City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Agent Phone: ( ) - \_\_\_\_\_ Agent Mobile Phone#: ( ) - \_\_\_\_\_  
 Email Address: \_\_\_\_\_  Include in Emergency Contact List. If Yes, Contact Seq#

**Emergency Contacts** (In addition to what is listed as Emergency Contacts Above)

Contact Order	Name (First Last and Middle Name)	Phone#	Alt Phone#	Email
_____	_____	( ) - _____	( ) - _____	_____
_____	_____	( ) - _____	( ) - _____	_____
_____	_____	( ) - _____	( ) - _____	_____

**Construction** Year: \_\_\_\_\_ # of Floors: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Attic  Basement  Roof Hatches  SkyLights  Exit Signs  Emergency Lights

Fire Escape Type \_\_\_\_\_

Lock Box Location \_\_\_\_\_

Manufacturer \_\_\_\_\_ Style \_\_\_\_\_

Serial# \_\_\_\_\_ Installed \_\_\_\_/\_\_\_\_/\_\_\_\_ Alarmed?

Elevators Location \_\_\_\_\_  Elevator Recall

Construction Type  I-A High Rise  I-B Mid Rise  I-V Heavy Timber  II-A Prot. Non-Comb  II-B UnProt. Non-Comb  III-A Prot. Comb

III-B UnProt. Comb  V-A Port. Woodframe  V-B UnPort. Woodframe

Floor Construction  Concrete  Wood

Bearing Walls  Concrete  Wood  Block  Brick  Metal  Other

Ceiling  Plaster  Wood  Sheet Rock  Acoustic  Metal  Other

Roof Covering  Concrete  Wood  Reinf. Concrete  Trusses  Metal  Other

Heating  Oil  Gas  Electric  Hot Water  Hot Air  Steam

Electric  Fuses  Circuit Breakers

Electric Wiring  EMT-Flexible  Metal

Trusses  None  Floor  Roof  Roof & Floor

Truss Floor  Wood  Metallic  Hybrid  Pratt  Parallel

Truss Roof  Common  Scissors  Bowstring  Flat  Cantilever

# of Stairwells \_\_\_\_\_ # Enclosed \_\_\_\_\_

Exit Doors/#exists \_\_\_\_\_ Fire Walls \_\_\_\_\_

Entry Points \_\_\_\_\_

Valid C.O.?  Yes  No  N/A Date Issued \_\_\_\_\_

**Area (in Sq. Feet)**

Total Sq.Ft: \_\_\_\_\_ Building: \_\_\_\_\_ Basement: \_\_\_\_\_ LHU: \_\_\_\_\_

**Extinguishers**  Yes  No

Test Records:  Yes  No Location: \_\_\_\_\_

Cooking Protected:  Yes  No  N/A Test Records:  Yes  No

**Alarms**  Yes  No

**SD Hard Wired:**  Yes  No Location: \_\_\_\_\_

Supervision Type:  Not Monitored  Monitored Onsite  Monitored Remote  Auto Dialer

Alarm Company: \_\_\_\_\_ Test Records:  Yes  No Test Date: \_\_\_\_\_

**SD Battery:**  Yes  No Location: \_\_\_\_\_

Supervision Type:  Not Monitored  Monitored Onsite  Monitored Remote  Auto Dialer

Alarm Company: \_\_\_\_\_ Test Records:  Yes  No Test Date: \_\_\_\_\_

**Heat Detectors:**  Yes  No Location: \_\_\_\_\_

Supervision Type:  Not Monitored  Monitored Onsite  Monitored Remote  Auto Dialer

Alarm Company: \_\_\_\_\_ Test Records:  Yes  No Test Date: \_\_\_\_\_

**Manual Pull:**  Yes  No Location: \_\_\_\_\_

Supervision Type:  Not Monitored  Monitored Onsite  Monitored Remote  Auto Dialer

Alarm Company: \_\_\_\_\_ Test Records:  Yes  No Test Date: \_\_\_\_\_

**Sprinklers**  Yes  No  N/A  Full  Partial  Basement  Spray Booth

Sprinkler type:  Wet  Dry  Wet/Dry  Anti Freeze  Deluge

FDC Connection:  Yes Location: \_\_\_\_\_

Supervision Type:  Not Monitored  Monitored Onsite  Monitored Remote  Auto Dialer

**Fire Pumps**  Yes  No Rated Capacity: \_\_\_\_\_

Location: \_\_\_\_\_ Head Pressure: \_\_\_\_\_

Power Source:  Generator  Line-Utility  Solar Array  Wind Turbine

Maint. Company: \_\_\_\_\_ Test Records:  Yes  No Test Date: \_\_\_\_\_

**StandPipes**  Yes  No  Wet  Dry

FDC Connection:  Yes Location: \_\_\_\_\_

Supervision Type:  Not Monitored  Monitored Onsite  Monitored Remote  Auto Dialer

Hose Connection: \_\_\_\_\_ BackFlow Preventor:  Yes  No

Alarm Company: \_\_\_\_\_ Test Records:  Yes  No Test Date: \_\_\_\_\_

**Generators**  Yes  No Power(KW): \_\_\_\_\_ Location: \_\_\_\_\_

Manufacture: \_\_\_\_\_ Fuel Type: \_\_\_\_\_

Supervision Type:  Gas  Diesel  Natural Gas  Propane

Test Records:  Yes  No Test Date: \_\_\_\_\_

**Hood Systems**  Yes  No  Type1  Type2 Location: \_\_\_\_\_

Maint. Company: \_\_\_\_\_ Test Records:  Yes  No Test Date: \_\_\_\_\_

**Other Systems** Location: \_\_\_\_\_

**Permits** (Add additional sheets if needed)

Permit#	Permit Type	Issue Date	Expiration Date	Annual?
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

**Hazmat** (Add additional sheets if needed)

S#	Chemical Name	Capacity	Activate Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____