



TOWNSHIP OF IRVINGTON

DEPARTMENT OF PUBLIC SAFETY

FIRE PREVENTION BUREAU

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Tony Vauss
Mayor

NON-LIFE HAZARD REGISTRATION APPLICATION

The Township of Irvington, Bureau of Fire Prevention 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 prevention inspections in addition to administrative fees, penalties and fines to violators. Please complete the below Registration for Non-Life Hazard Use form and return along with a check made payable to the Township of Irvington within 30 days of receipt. Your registration fee is based on the total square footage of all floors and suites which comprises your occupancy. Each individual building/suite or common area is to be registered separately, i.e. three buildings are three separate registrations.

*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 Township of Irvington Ordinance No. MC 3801
Failure to do so may result in a penalty of up to \$1000.*

----- PART A – BUSINESS LOCATION INFORMATION -----

- BUSINESS NAME: _____
- BUSINESS PHYSICAL ADDRESS/LOCATION: _____
SUITE: _____ CITY: _____ STATE: _____ ZIP CODE: _____
PHONE NUMBER: _____
BLOCK: _____ LOT: _____

----- PART B – BUSINESS REGISTRATION INFORMATION -----

- OWNERSHIP TYPE: ☐ CORPORATION ☐ PRIVATE/INDIVIDUAL ☐ LIMITED LIABILITY COMPANY
☐ CORPORATION ☐ PARTNERSHIP ☐ GOVERNMENT AGENCY ☐ OTHER: _____
- BUSINESS OWNERS NAME (if Private/Individual): _____
Last First MI
- BUSINESS NAME: (Give FULL legal name of business, including Corporation, Incorporated, Partnership, etc.)

- If incorporated, list corporate officers: _____
- If partnership, list partners: _____
- BUSINESS/CORPORATION MAILING ADDRESS:
STREET ADDRESS: _____ SUITE: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE NUMBER: _____
- BUSINESS USE: (brief description of business including any use of flammables, combustibles or hazardous materials)

----- PART C – BUILDING INFORMATION -----

8. BUILDING OWNER INFORMATION:

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

If Non-Owner Occupied, list building landlord or management company info:

NAME: _____

STREET ADDRESS: _____ SUITE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

9. OCCUPANCY INFO:

- Number of Stories: _____
- Height of Building (ft.): _____
- Total Square Footage: _____
 - Basement sq. ft. _____
 - First Floor sq. ft. _____
 - Second Floor sq. ft. _____
 - Third Floor sq. ft. _____
- Number of Units _____
- Occupant Load (if known): _____

10. ALARM AND SUPPRESSION INFORMATION:

Is building equipped with:

- | | | | |
|--------------------------------|-----|----|---|
| A. Fire Alarm System: | Yes | No | If yes name of fire alarm company: _____ |
| B. Fire Suppression System: | Yes | No | If yes, name of fire protection contractor: _____ |
| C. Cooking Suppression System: | Yes | No | If yes, name of fire protection contractor: _____ |

11. EMERGENCY CONTACT:

1st Call: Name: _____ Title: _____ Phone: _____

2nd Call: Name: _____ Title: _____ Phone: _____

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 an authorized to complete this application on behalf of the stated business.

Signature of Owner or Agent Completing this Form: _____ Date: _____

Printed Name of Owner or Agent Completing this Form: _____ Date: _____

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

FOR OFFICE USE ONLY

INITIAL REGISTRATION:	<input type="checkbox"/> YES <input type="checkbox"/> NO	LOCAL ID #	_____
TRANSFER:	<input type="checkbox"/> YES <input type="checkbox"/> NO	LOCAL REG. FEE:	_____
UPDATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
AMEND:	<input type="checkbox"/> YES <input type="checkbox"/> NO	PAID: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REGISTERED: _____